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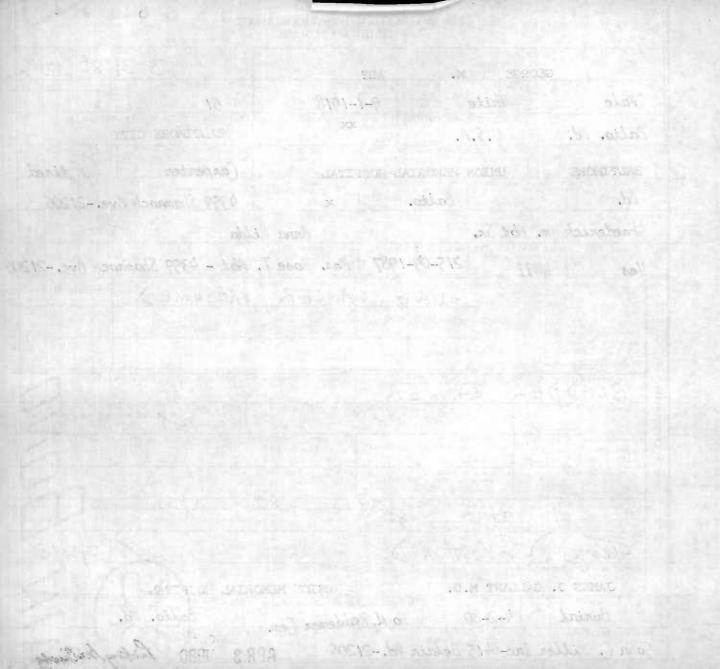
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Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md

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2 2 3	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUT		126 KIND OF BUSINESS OR INDUSTRY
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201 es th plea urial,		PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1/D
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L RECORDS Le low requinn. hos been signermit. Therefore to be permit. Therefore to be signed by the permit of the beautiful to be the beautiful	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\square\)
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NDI NDI S m			ital) attended the deceased from_	3 13 ,1	9 80 , to 3 3 1	, 19_80, that (1) (we) lost
ATTE spirto CTO d far of h	-51		n 3/30 19 8		apinion death occurred on the date and ha	
OR he ho DIRE cached		22b. SIGNATURE	Lan tai	DEGREE	NDING MEDICAL STAFF	22t. DATE SIGNED
ITAL by the State State		22d, PHYSICIAN'S NAME CTYPE C	Callan MI		SICIAN DIRECTOR PHYSICIAN	13/31/80
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State		JAMES D. G				
Show with	23n P	BURIAL, CREMATION, REMOVAL		VAME OF CEMETERY OR CREM	MEMORIAL HOSPITAL	
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(VR A 15 (4))	0	John C. Miller	Inc-6415 Belain	Kd21206	APR 3 1980 Fin	try halud



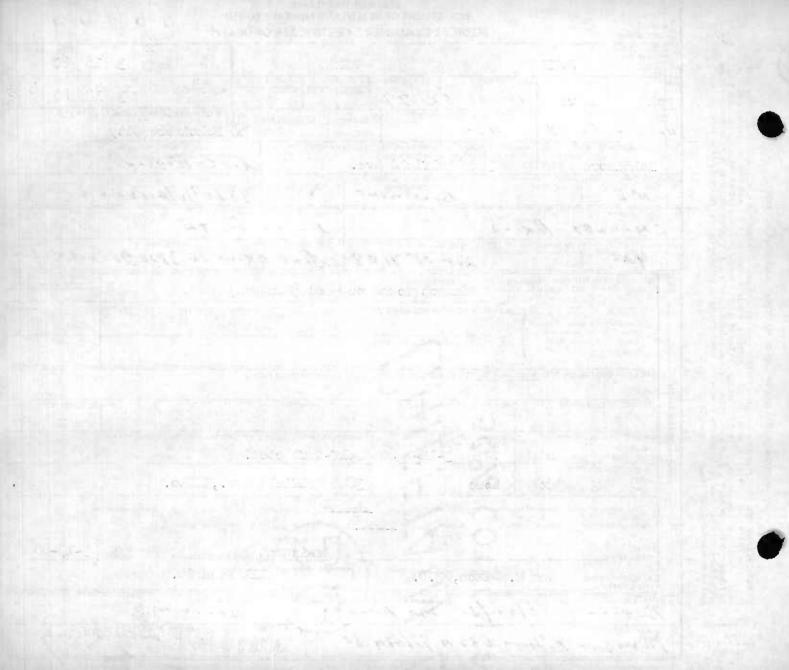
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		1	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO	0.630	3
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5	by the fur	2 10 3	Baltimore	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET Maryland Gene	G HOME OR OTHER INSTITUTION	12e USUAL OCCUPATE		55 OR
ND 2120	filled in build be file	USI 13a	DAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13. STREET ADDRESS	Paul DT	
MARYLAND 2120	sho	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAV	ME ASSAM	LAST	
BALTIMORE, A	te be executed an and comple Pages 1 and 2 t, the medical	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU (WAR OR DATES) 216-24-	11	ADDRE 5.1622B.	Heware Chan Techni	of le
ALT	ers.		18 CAUSE OF DEATH (Enter and	ly one cause per line for (a), (b), and			APPROXIMATE INTENT	VAL DEATH
7 5	ph pag em		PART I. DEATH WAS CAUSED				2 Months	
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STC	tten tion		Canditians, if any, which	(b)	NCE OF		TO ME IN CARD	
4	the at move emat		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			-
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05, 201	n signe nen ple to buri y injur	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	<u>EATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
COR		T \	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED	
- H	ne ne ne sho) E				YES NOW	IN CERTIFYING CAUSES OF DEATH	1?
DIVISION OF VITAL RECORDS,		AL CERTIFICATION	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR			
NOISIA	VDING PHYSICIAN attending physician i: After this certifice as the burial-transit lith and Mental Hyg s marked or Item 18	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOW	YN COUNTY STA	ATE
a 500 0	R: A			tal) attended the deceased from	January 11, 80	to March	7 19 80 that (1) (w	(e) lost
	- 0 0 3 1 2	J.		March 7	o, and that in (My) (aur) apinion o	death accurred an the do	ate and hour and from the causes stat	ted
	DIRE Ched for Dept.		17h SHENATURE	t) view the body after deathy	DEGREE		22c,DATE/SIGNED	
	The hospital the hospital RAL DIRECT ferached for ate Dept. of NT: If Item 2		David V	rank	M- D ATTENDING PHYSICIAN	MEDICAL STAP		
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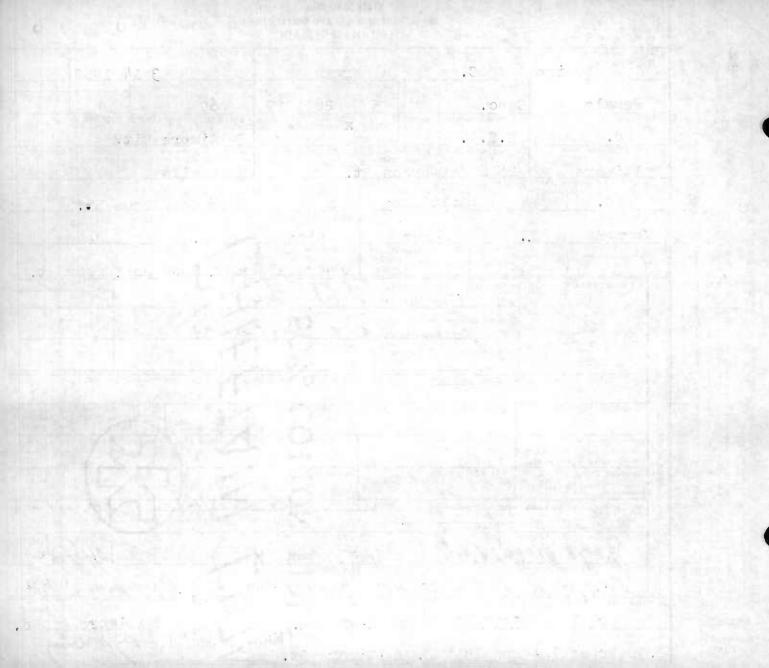
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15M 7/77

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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(n)		11	FOR - STATE	DEPA		EALTH AND MENTAL HY	SIENES ()	06306	
		Η.	REGISTRAR		CERTII	FICATE OF DEATH	REG. N		
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	a a a	3. S		4 RACE	5 DATE		6 AGE (IN YEARS LAST BIRT	and the second s	RS
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	Pog dire hour	70 E	BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8			PR COUNTY OF DEATH	_
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ARY	ed within		FIRST	MIDDLE LAST		FIRST	MIDDLE	tast	
₹	* 0	_	Vernon I was deceased ever in u.s. ar	MED FORCES? 166 SOCIALS		Loise	,T ,	Jones	
OR	e execu		(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	BECURITY NO.	17. INFORMANT		Direction of the second	
BALTIMOR	6 5.0 b		No			Edward Ald	erman 2608	8 Jefferson St.	_
BAI	certificate ng physici bonpaper r removal. ic event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b	, and ic	1.00	1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	н
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0	th ce carb carb , ar r		486-	DUE TO, OR AS A CONSE	OUENCE OF				
PRESTON	death ottendi ove cal	1	Canditions, if any, which	(161 Houses	monch	1 & Emple	sura		
¥. Pg	by the attendin sse remove carb , cremation, or a		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF				
	that d by lease ial, cr		underlying cause last.	(c)				estables are transfer	
, 301	8 9 9 7 ,		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	=
08 0	2	ō	Sec. 23.25 Fee.						
DIVISION OF VITAL RECORDS,	berich /	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	V. 1
AL R	The kictor.	E					YES NO	YES NO	
>	ZAVOTO	3 18	210. ACCIDENT WAS UNDERLYING		DAY VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
9	IYSICIA ding ph is certifi burial-tr Mental or Item	1 3	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	· · ·	DAY YEAR	LANGE AND DESCRIPTION OF THE PARTY OF THE PA			
Ö	HYS nis o bui MA	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION			
N N	DING PH or atten After thise os the loolth and marked a	2	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	SIREEI	CITY OR TOW	VN COUNTY STATE	
۵	ol or ol ol or ol ol or ol ol or ol or ol or ol ol ol or ol		220.1 certify that (1) (this hospi	al) attended the deceased fro	m mas	1 1978		, 19 80 , that (1) (we'll	ast
	TT Prit for of of 21		saw the deceased alive on	t) view the body ofter death.	9 40 0,0	nd that in (my) (our) opinion	death occurred on the do	ote and haur and from the causes stated	
	hos hos hed hed hept.		27% SIGNATURE	Ti view the body offer deoffi.		DEGREE		22c. DATE SIGNED	_
			Joegh M	1 Lebert	801	ATTENDING PHYSICIAN D	MEDICAL STAF		
	- 9 11 9 10		224 PHYSICIAN'S NAME CTIPE OF	R PRINTI	10.	22e ADDRESS	DIRECTOR PHISIC	IAN Jaje 4 8	_
			JUSENY 1	1 /1 15/18 70	. 11.0	3508 BAL	K St 1	BALTIMARE AND	7.
	Shoot Shoot	73n	BURIAL, CREMATION, REMOVAL	123b. DATE	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11-11-11 1110	=
070	2 BP	230.	(SPECIFY) RIPIST	3/17/80			CITY OR TOWN	COUNTY STATE	
0101		24. F	UNERAL DIRECTOR	13/1//00	Oak La	Iwn Cem.	F REC'D BY REGISTRAD	Baltimore Md	-
DH	(VR A 15 (4))	D	NAME	ADDRESS			6 1380	25h. REGISTRAR'S SIGNATURE	
		D	. Dabrowski &	Son 2818 E.	Fait	more St.			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME S. DATE KNOWN MONTH 2b. HOUR LTYPE OR PRINTI OF ESTI-ALBERT ALLEN 3 12 1,80 WITHIN 72 HOURS FUNERAL DIRECTOR. 5 FOR YOUR FILES. HTHOM 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 7:83° DATE LAST BIRTHDAY PRONOUNCED ,80 63 12 4-29-16 DEAD male negro a To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. DIVORCED WIDOWED 3 FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION | TYPE OF WORK 112b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Carrollton Ave. Baltimore ND 2 SHOULD BE BE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY-MMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 GRENKTON AUF. BALTO NO [P.M. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VIT MIDDLE MIDDLE 17. INFORMANT DUROTHY ALLENADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) ALBERT ALLEN 1143 MOUNT ST. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF AL EXAN lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 9 BURIAL, YES [] NO X PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 716 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH NG 21e PLACE OF INJURY LATHOME. 211. LOCATION 21d. INJURY OCCURRED WARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK STATE | AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion DIRECTOR: WITH THE death resulted from Homicide Undetermined monner TITLE (SPECIFY) 3-12-80 Assistant PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED 111 Penn St. Dixon, M.D. EXAMINER'S NAME Ahn M. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL 24. FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) a CALHOUN 15M 7/77

STATE OF MARYLAND

46770579	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH REG. NO.	6308
2	1. DE	CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONT	H OAY YEAR 2b. HOUR
	3 SE		4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
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ORE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	(E WAR OR DATES)	23 N. Post ST.
RDS, 201 W. PRESTON ST., BALTIM equires that the death certificate be to a signed by the attending physician of Then please remove carbon papers. Prito buriol, cremotian, or removal. injury, or other troumatic event, the me	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSCOUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (d) (d) (e) (e) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 1(0)
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VISIO G PHY offend er this s the b and A	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
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TAL OR ATT by the hospi RAL DIRECT detoched for tate Dept. of		226. SIGNATURE	boldon DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DAJE SIGNED 3 1480
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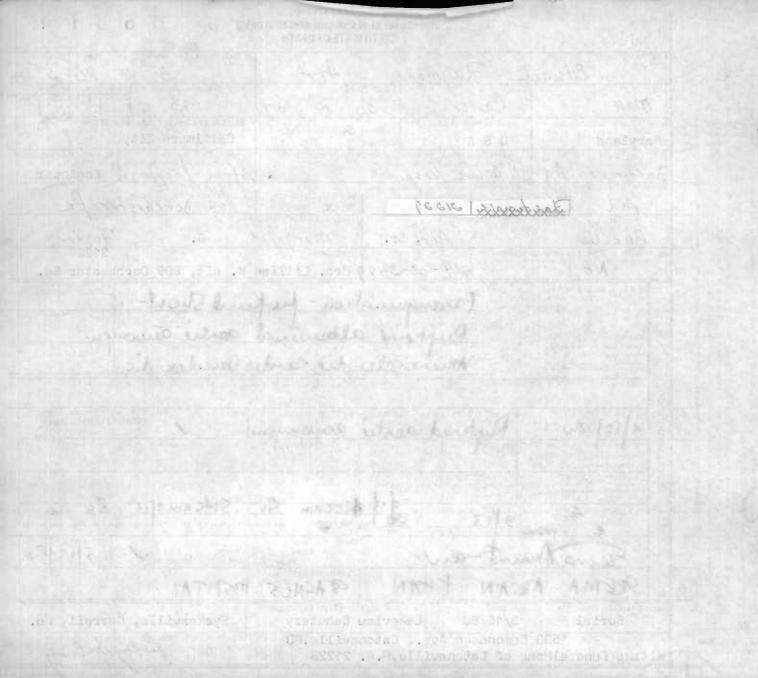
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20	NOIN attend	Health and Is marked				ant) national at	n days and f	rom Feb	6 10 80) to MARCH	24 10	80	, that (I) (we) last
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4	AL DIRE	De T	77		14 L. Olin	I.		MI	ATTENDING _	_ MEDICAL STAF		2	24/80
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-1.80 ANTHONY ALVATHER DEATH MATED SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 7:45 2c. DATE AST BIRTHDAY) Sept 21 1919 PRONOUNCED 1.80 male white DEAD 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS I W. Franklin St. B.T.C. Bus Driver Baltimore JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt., Md. 21202 Maryland 13b. COUNTY 13d. INSIDE CITY LIMITS? 1 131 STREET ADDRESS Anklin Street Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME HIDDLE Alvather Helen MIDDLE Hurley 17. INFORMANT Son: ADDRESS Fork. Md. 21051 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-10-5043 John W. Alvather 12536 Merritt Ave No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO X E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: 17
EXECUIT THE CERTIFICATE, V
PAGE 4 SHOULD BE FORW
TO FUNRAL DIRECTOR: P4
AFTER DEATH, WITH THE 5T,
BALTMORE, MARYLAND, 212 X 22a. I certify that I taok charge of the remains described above, held on Autopsy Inquiry deoth resulted from: Homicide Suicide Undetermined monner TITLE (SPECIFY) Assistant DATE MEDICAL EXAMINER Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mary Land St. John's Long Green Hydes Burial Mar 11 1980 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256 DHMH - 17 1980 (VR A15 ME (5)) Leonard J. Ruck, Inc. Baltimore, Maryland

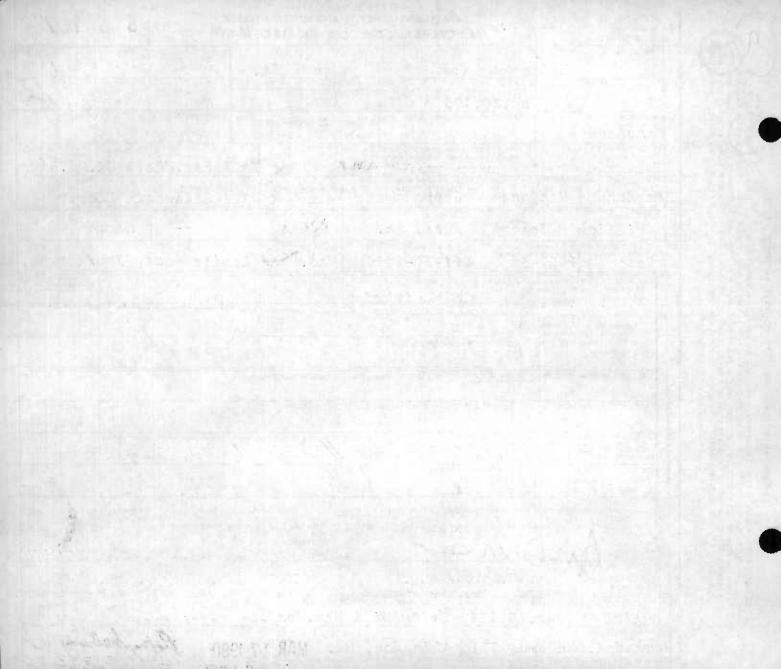
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) EST1-William DEATH MATED Jr. Joseph Amos 25 19 80 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR SEX LAST BIRTHDAY) PRONOUNCED 10:10 White Nov. 20.1933 46 25 19 80 PM b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland DIVORCED Baltimore City ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE TOLL FAC. WKr. 2 St. Md. Hwy Baltimore Harbor Tunnel Thruway 326. Ellsworth Place Harford Toppatowne 13d. INSIDE CITY LIMITS? Maruland 15. MOTHER'S MAIDEN NAME Hazer LAST Agnes Joseph Amos . Sr. 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. YES, NO. OR UNKNOWN) Mrs. Mary Louise Amos, Joppatowne, Md 2-30-8430 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURIAL, 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2) pedestrian run over by parked truck which was struck by a tractor-trailer UNDERLYING LXOR MEDICAL 2519 80 CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN tunnel Balto MD 22a. I certify that I took charge of the remains described above, held an FUNERAL DIRECTOR: ER DEATH, WITH THE Undetermined manner Natural causes TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 3/26/80 Ann M. Dixon, M.D. 111 Penn St. Balto., MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE Mar. 29, 1980 Holly Hill Mem. Gardens, Baltimore Burial tistry halredy Howard K. McComas III, Abingdon, Md. (VR A15 ME (5)) 15M 7/76



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DIVISION OF VITAL RECORDS, 201		r to bu injury,	CERTIFICATION								
ECO	A P	any	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED AUSES OF DEATH?
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15	physic physic lifticote	T &	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR	PART 2)
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OI S	PHYSIC ending this cer	2 6	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	CE FARM ETC.)	211 LOCATION	CITY OR TOV	/N COL	UNTY STATE
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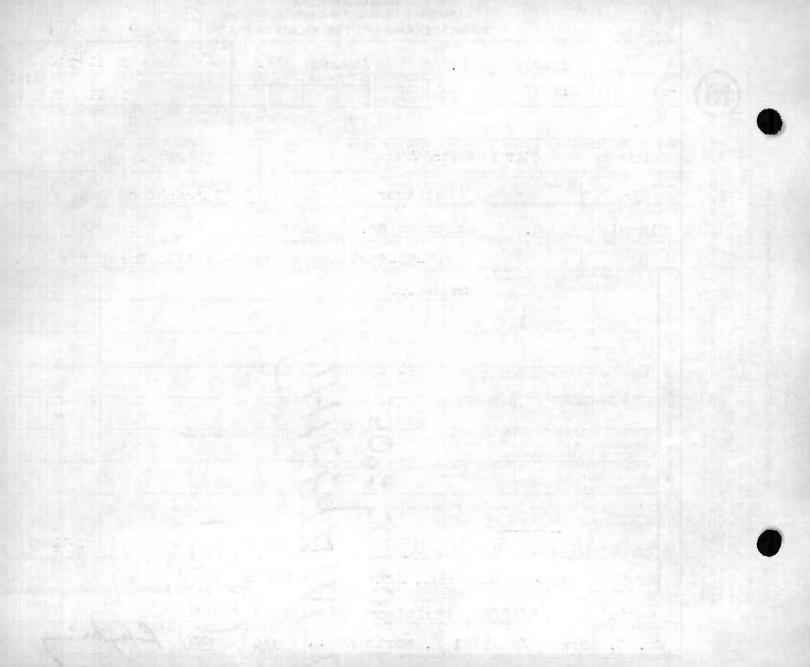
	- 1		STATE OF MARYLAND
		1.	FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN 0 0 5 3 9
			REGISTRAR CERTIFICATE OF DEATH
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e 4 r	100	C/M	Male White 7-19-13 66 YRS MONTHS DAYS HOURS MIN
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RESTOR death ottend otten, ottend fraumat			Conditions, if ony, which (b) mastere
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that that d by ease iol, crr			underlying couse lost (ic)
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ew ow rmit price ony	0	CAI	190 DATE OF OPERATION 196 CONDITION POR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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PHYS transition to the burner ond Me ed or I	/	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
IVISION Offer 18 sthe sthe order rked		Σ	WHILE NOT WHILE AT WORK AT WORK
E e e e e			22a-1 certify that (1) (this hospital) attended the deceased from
R ATTEN hospital RECTOR: hed for us ept. of He			saw the deceased alive an
A B a d a			226. SIGNATURE DEGREE 224. DATE SIGNED
- F - F - T			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN V 14/50
A See E	1	- 1	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
O HOSF etoined TO FUN should b with the		-	Robert Atkins South Baltimere General Hosp
TO He retoin TO F shoul with	1	23a. l	URIAL CREMATION REMOVAL 235 DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION
BP		(Burial 3/8/80 Holy Cross Cemetery Brooklyn A.A. Md.
DHMH - 16 50M 1/76		24. F	INERAL DIRECTOR Balto 21225 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE.
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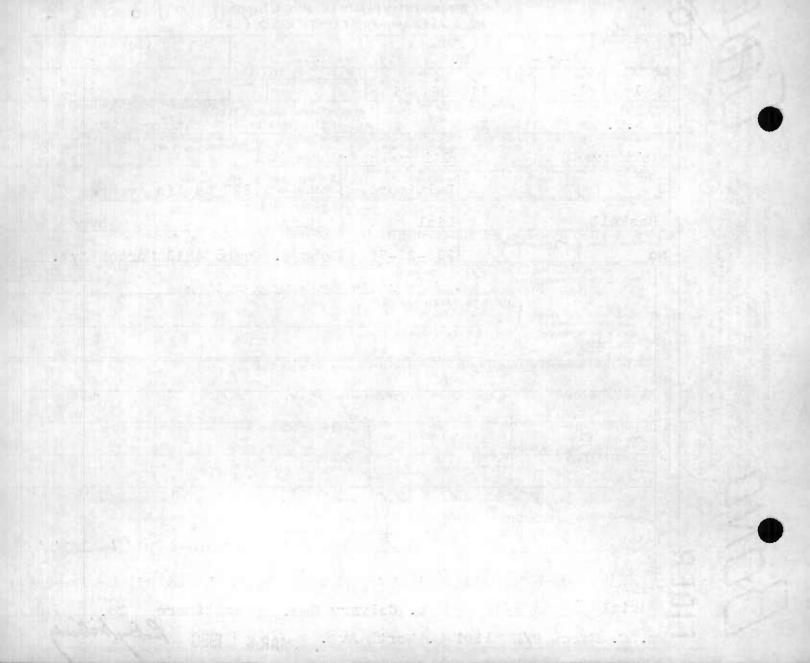
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LEA	R FILES. HOURS STREET,	3. SE	K	4. RACE	5. DATE OF BI	RTH DAY YEAR	6. AGE (IN Y	EARS IF LIN	VDER 1 YR.	IF UNDER		c. DATE		нтиом	DAY	YEAR	2d HOUR
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BALTIMORE.	a O Z	16o. \	VAS DECEASI ES, NO, OR UNKN	ED EVER IN U.S. AI	RMED FORCES?	16b. SO	CIAL SECURI	TY NO.	17. INFOR	MANT	1 14 =		ADDRESS	15/4			52 1
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S, 31	"PENDING" IN SED AS A BUR HEALTH AND CREMATION, O		PART 2 OTHER 5	SIGNIFICANT CONDITION	CONTRIBUTING TO D	EATH BUT NOT RELA	TED TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN BAI	PT 1 (a)						
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DIVISION OF VITAL	RITING THE WORD "PI RDED TO THE CHIEF SE 3 SHOULD BE USED E DEPARTMENT OF HE I PRIOR TO BURIAL, CR	PER	100												,	YES 🔀	NO 🗆
OF V	BUR BUR	CER		IAL CAUSE WAS		21b. TIME OF INJURY 21c. HOW INJURY OCCURRE						TURE OF INJUS	RY IN ITEM 18 P.	ART 1 OR PA			
ON	THE TONIE	S	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:00 x x 3 10 19 80 Subject stabbed during argum									ment					
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HIS D	E, WRITING RWARDED PAGE 3 S STATE DEP 21201 PRIO	1	AT WORK	AT WORK	X	home		70	8 W. N	North	Ave.,	Balt	imore	2			Md.
=	S S S		220. I cert	tify that I taak char	ge af the remain	s described abo	ive, held an	Autap	sy X	Inspection		Inquiry [, and	in my a	pinian		1.116
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XX	E CERTIFICA OULD BE FO LL DIRECTOR H, WITH THE MARYLAND,		ACTUAL	-11	100 A				TITLE (S	SPECIFY)							
N N	HE HAD -		SIGNATURE	Vergenic	e octobal	~		N	Assi	Istant	MEDIC	AL EXAMI	NER	DATE	ED	3/10/	80
MEDIC	EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH T BALTIMORE, MARYLAN		EXAMINER'S (TYPE OR PR	NAME Virg	ginia L.	Dolan,	M.D.		.ADDRESS_			111	Penn	Str	eet		
	35 5 4 8	(3	B B		23b. DATE 3-16-80	23c. 1	Rest	METERY C	Ceme	tery		TWWWW1	lson,			20-1-1	ATE
1302	DHMH - 17		UNERAL DIRE		ADI	DRESS.				250. DATE F	REC'D, BY F	REGISTRAR	25b. REC	BAR'S	KUN	485 dy	
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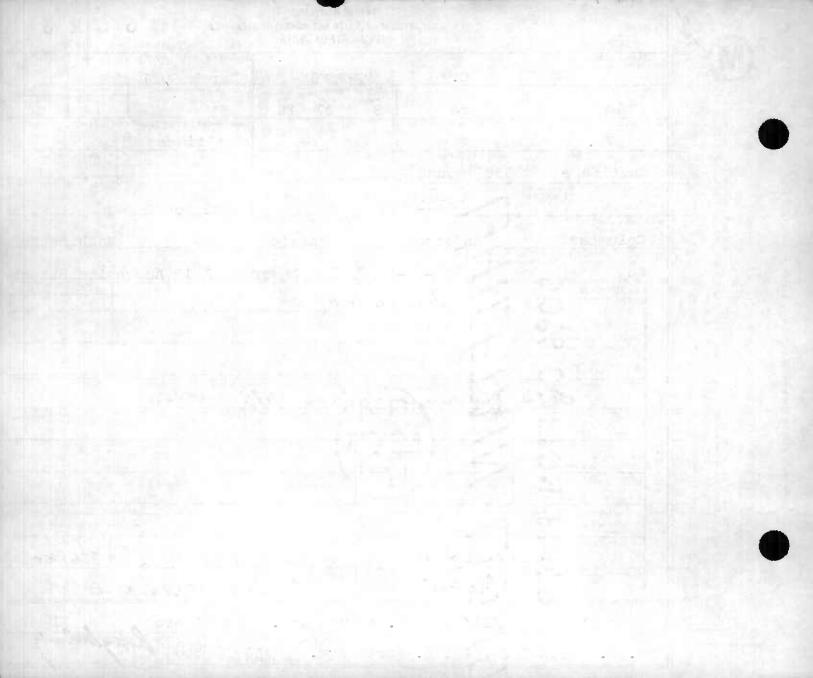
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-19 80 ANDERSON Jr. DEATH MATED 11 CLEMMIE 0. 4. RACE YEAR . SEX S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 15 HOUR 2c. DATE PRONOUNCED MONTH LAST BIRTHDAY black male 13 10 80 52 11 27 DEAD a 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore wity TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Bureau of Parks 5209 PYHARTSTEAVENUE Baltimore RETAIN PA SHOULD BE L RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5209 Frankford Avenue MD Baltimore YES X NO [WITH FORM PM 3.
T. PAGES 1 AND 2 SH.
DIVISION OF VITAL R 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Anderson Sr. Annie Moss Clemmie 0. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I LIF YES, GIVE WAR OR DATES 217-58-5547 Annie Stockett 1112 Bonaparte Ave. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, Cardiomegaly IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, C YES E NO T WARDED TO THE CONTROLL BE SHOULD BE STATE DEPARTMENT CONTROLL BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK STATE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21; 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide deoth resulted from: Notural causes Suicide Undetermined monner Assistant 3-11-80 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) ADDRES! 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY MD Baltimore Burial 3/15/80 Baltimore Cemetery 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** C. March F/H 1101 E. North Ave. 1980 VR A15 ME (5)) 15M 7/77



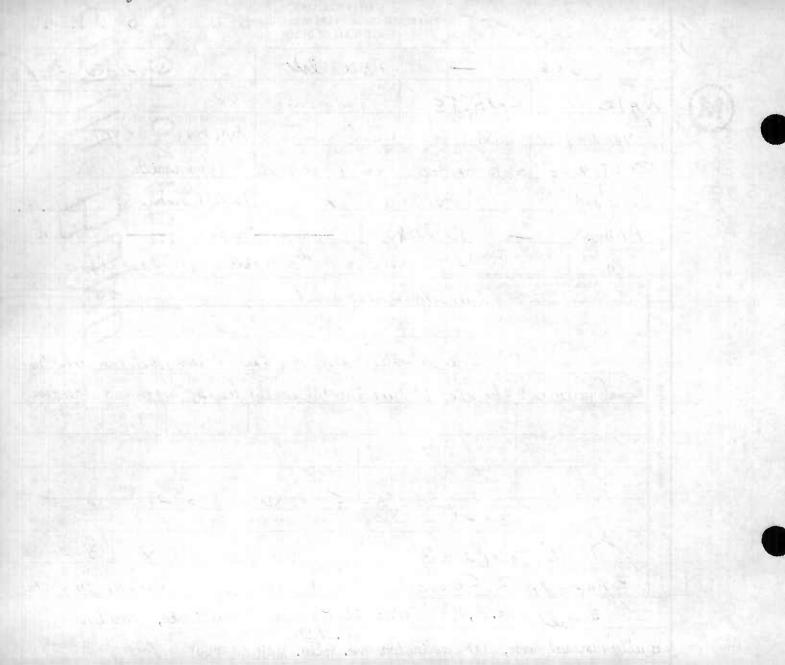


DHMH - 16 50M 1/76 (VR A 15 (4))

1.	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 4 3				
	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR				
(I TPE	GEORG	E C.	ANDERSON	March 5, 198	RO				
3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2				
8	Male	Negro	8 27 18	61 YRS	MONTHS DAYS HOURS				
7a BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH				
	Va.	USA	WIDOWED DIVORCED	Baltimore City					
10. C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINES				
	Baltimore	3502 Round I		(TYPE OF WORK FOR MOST OF WORKING LI	INDUSTRY				
13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 130. CITY OR TOW Baltimo	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 3502 Round R	Road				
14 FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME					
	Columbus	Anderson		WIDDLE	Washingto				
16a V	WAS DECEASED EVER IN U.S. AR			ADDRESS					
	No	215-12	-2687 Elmo Ande	rson 3012 Asce	ension Stre				
	PART I. DEATH WAS CAUSE	TE CAUSE (D) / Lale	alcle AS(44).		/=-//				
NOI	Conditions, if any, which gove rise to immediate couse in stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONTE			MINAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)				
TIFICATION	gove rise to immediate couse (a , stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	JENCE OF	200 AUTOPSY? 206. IF YES	/EN IN PART 1101 S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO				
CAL CERTIFICATION	gove rise to immediate couse (a. stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOL (c) CONDITIONS CONTRIBUTING TO CLUBER OF WHICH 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM COLUMN STREET ST	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES \(\text{NO}\)				
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	gove rise to immediate couse (a. stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (2. p.	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT NOT RELATED TO THE TERM DELOCUSION OF THE TERM OF THE TERM DELOCUSION OF THE TERM OF THE TER	200 AUTOPSY? 20b. IF YE. YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18, F	S, WERE FINDINGS USED FYING CAUSES OF DEATH SECOND NO PART 1 OR PART 2) COUNTY STATE 19, that (I) (wur and from the causes state 12c. DAJE SIGNED				
	gove rise to immediate couse couse a stating the underlying cause last. PART 2 OTHER SIGNIFICANT (2 0 0 0 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE, (IF EITHER, NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK ON THE COUNTY OF THE C	DUE TO, OR AS A CONSEOU. (c) DUE TO, OR AS A CONSEOU. (c) 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (tol) ottended the deceosed from, (at view the body ofter death.)	DEATH BUT NOT RELATED TO THE TERM CONTROL OF THE T	200 AUTOPSY? 20b. IF YE. IN CERTIN YES NO YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18. F	COUNTY STA				
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 2n DATE OF DEATH 7h HOUR (TYPE OR PRINT) 3 -21-86 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 5 DATE OF BIRTH IF UNDER 24 HRS MONTH VEAD HOURS 7a. BIRTHPLACE ISTATE OR FOREIGN WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR oppersmith ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS amona 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Unknown Ingeborg 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to PRESTON ST Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286. IF YES, WERE FINDINGS USED 200 AUTOPSY à IN CERTIFYING CAUSES OF DEATH? NOF YES NO I buriol-tronsit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 or 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view The body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226 PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS OWLE 230. BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATORY STATE Jan. 24, 1980 edar Hill emeteru BP DHMH - 16 50M 1/76 Ma ully Funeral Home, 4200 Pennington Ave. Balto. (VR A 15 (4))



		OR		D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	0	6	5 2	Ċ
1		STATE REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE O	FDEATH	REG.	NO.	Part Part	
		EASED NAME	FIRST		MIDDLE		LAST	2a. DATE	KNOWN	MONTH	TH DAY YEA	AR 2b. HC
П	(ITPE	OR PRINT)	Olivi	a		Jo	ones Anders	on OF	H MATED		16 19 80	0
3	SEX	4. RAC		5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	IDER 1 YR. IF UNDER			MONTH		AR 2d. HC
	Fe	male B1	ack	4 1.5		RS.	DAYS HOURS	DE/		3	16 1980	0 10;
70		THPLACE ISTATE OR		7b. CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVER MARRI	ED X 9. BALT	MORE CITY	Y OR COU	INTY OF DEATH	
			.ss.	USA		WIDOW			Balti	more	City,	
10	I. CIT	Y OR TOWN OF DE	ATH		ITAL, NURSING HOMI	E, OR OTH	ER INSTITUTION	120. USUAL OCC	UPATION	TYPE OF WORK	OR INDU	BUSINESS
4	В	altimore		923 N.	Madeira St	reet						
130	SUAI a. ST	RESIDENCE (IF IN NU ATE Md.	13b. COUNT		13 BALLO TOWN	ION)	134 INSIDE CITY LIMITS? YES NO	13e. STREET ADD 923 Ma	RESS Ideria	Stre	et	
14	l. FA	THER'S NAME	1				15. MOTHER'S MAIDE	NINIAME				
-	F	lenry		MIDDLE	Jones		Jessie	Bel	MIDDIE	P	Brown LAST	
16	ia. W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRE			3- 5
	(16.	No	(IF TES, GIVE W	VAR OR DATES)	216-36-52	269	Barbara Ar	nderson	2325	E. J	Jefferso	n St.
F	1	18. CAUSE OF DEAT	TH (Enter anly	ane cause per line f	ar (a), (b), and (c).)							MATE INTERVA
		PART I DEATH W	VAS CAUSED IMMEDIATE	1171	ltiple Sta	b Wou	ınds				OET WILL OF	NOTE AND DE
		966.			S A CONSEQUENCE	OF			-		-	
1		Canditians, if		(h)								
		cause (a) stating	g the under-	DUE TO, OR A	S A CONSEQUENCE	OF						
		lying cause last.		(c)								
		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO		JT NOT RELATED TO THE TERM	AINAL OISEASE	OR CONDITION GIVEN IN PAR	RT 1 (e).				
1	S S											
	Ž.	19a. DATE OF OPER	ATION	19b. CONDITI	ON FOR WHICH OPER	RATION W	AS PERFORMED?				20. AUTOP	SY?
	Ĕ										YES 5	NO F
5	CER	21a EXTERNAL CAU		21h TIME OF	NJURY	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR		
)	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF DI	EATH 10:15 P.M	MONTH DAY YEAR	Sub	bject stabb	ed durin	ig alt	ercat	ion	
	Ě	21d. INJURY OCCUR	RED	21e. PLACE O	FINJURY (AT HOME.	21f. LOC	CATION	The second				
1	٤	WHILE AT WORK AT W	WHILE K	STREET, FACTO	ory, farm, etc.)		N. Madeira	St. Ba	11timo		COUNTY	Md.
					4 4 1 1 1 1							2.00
					ribed above, held an	Autops		'		and in my	apinion	
2 73		death resulted from	n: Natura	al causes 🔲,	Accident L., Su	vicide	, Hamicide X	Undetermined	nanner	١.		
1		ACTUAL 1	in mea	Y Dol	2.		Assistar	nt:		DAT	E 3/1	7/80
-		SIGNATURE	rama	~		M.	D. Zioozotai	MEDICAL EXA	MINER	SIGN	NED	.,00
		EXAMINER'S NAME (TYPE OR PRINT)	12262		olan, M.D.	,	ADDRESS	1	.11 Pe	nn St	reet	
23	le. BU	RIAL, CREMATION,			23c. NAME OF CE			23d. LOCATION		cc	OUNTY	STATE
L		Burial		3/21/80	Cedar H	ill C			more,		157	
24		NERAL DIRECTOR		ADDRESS		U III		REC'D. BY REGISTI		GISTRAR'S	SIGNATURE	1.
		Wm C Mar	ch F/H	11	01 E. Nort	h Ave	- MAR	1 8 1980	1	riffrey	palres	4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> MONTH March 8, 1980

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

3700 N. Charles St. LAST

ADDRESS

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> NO I YES T

COUNTY

STATE

STATE

17L DATE SIGNED

Cecil Co.. Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME

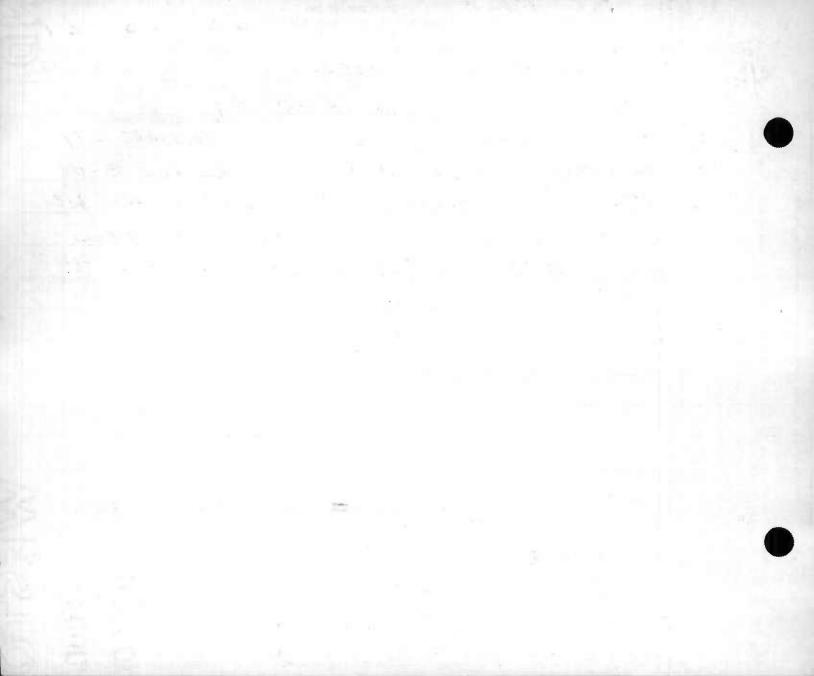
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6500 York Road

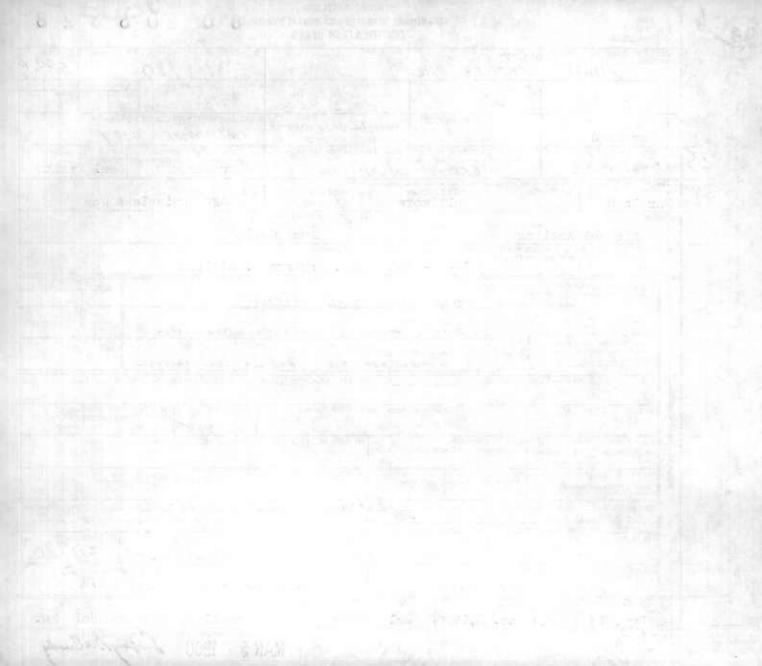
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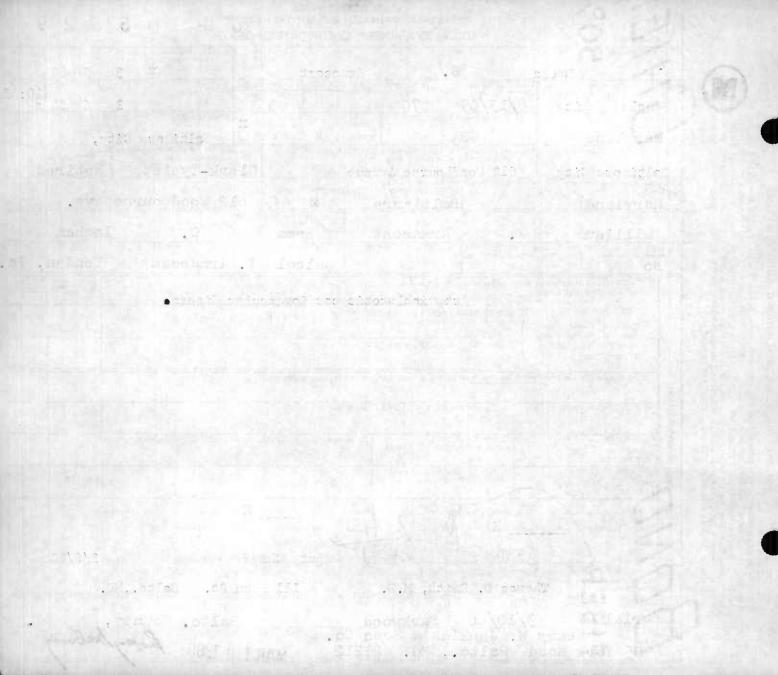
	/	1	tems 4,7a g541 3/	21/80 gj	STATE OF MARYLAND		
->			FOR - STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 ()	06327
1		1.	PECEASED NAME FIRST THOM!	75 R.	ANDERSON	20 DATE OF DEATH M	3 2 80 2 50 cm
	ector, pe	3.	SEX M	RACE White	DATE OF BIRTH MONTH DAY YEAR 12 15 1890	6 AGE (IN YEARS LAST BIRTHO	WONTHS DAYS HOURS MIN.
•	Jeorn Po	5	COUNTRY) Va	INSH WI	ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY OR DALT	COUNTY OF DEATH IMORE CITY MD.
	by the fu	2 10	BALT INORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRE		THE OF WORK FOR MOST OF Y	126. KIND OF BUSINESS OR INDUSTRY
AND 2120	filled in rould be	13	UAL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADM 131, CLTY OR TOWN DALTO	13d. INSIDE CLAYLIMITS? YES NO []	13e. STREET ADDRESS	WBERN AVE.
MARYLAND	completely f	14.	TACOB A	ANDERSON	15. MOTHER'S MAIDEN NAM	LICE MIDDLE U	14:TSON
BALTIMORE,	Poges medic	1 16	WAS DECEASED EVER IN U.S. ARME (VES, NO OR UNKNOWN) (IF YES, GIVE W VES			URLONG	SAME 21215
ST., BAL	ng physicio bonpopers r removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I		liac Arrest		APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH
PRESTON	e deoth ce nove corbi lotion, or r froumotic	1	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	psis -		
š	by the by the crem other		gove rise to immediate couse (o), stofting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	of Pneumoni	a	
RDS, 201	squires is signe fhen pl to bur njury, d	3		NDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS,	ow bee	7	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VII	phys phys phys fifico litro ol Hy		OR CONTRIBUTING TO CAUSE OF BEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2}
IVISION	or ottending After this cer e os the burio ofth and Ment	1	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
٥	Portor TOR for us of He	1	22a certify that (I) (this haspital saw the deceased alive on above, (I) (we) (did) (did not) y	3-20 19 9/	2-8-3, 19 80 , ond that in (my) (our) opinion of	, to	, 19 , that (I) (we) lost e and hour and from the causes stated
	5 41	ı	276. SIGNATURE L. LUIG	len M.O.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12c. DATE SIGNED 3-2-80
	HOSPII		22d. PHYSICIAN'S NAME (TYPE OR PR	V REIDER M	1.D BELVE	DERE at	GREENSPRING AUD
202	P P P S S S S S S S S S S S S S S S S S	23	BURIAL, CREMATION, REMOVAL		FOR NATICEMATORY	23d. LOCATION BALTO A	altolla NI STATE
183	DHMH-16 20M (VRA 15, 4) 7/78		FUNERAL DIRECTOR NAME NEWELL F.	L 1100 PEIST	FLS TOWN ROM		Listony Kelledy



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	1.	STATE REGISTRAR			DEPARI		ICATE OF I	MENTAL HYG DEATH	• •	G. NO.	0 0	4 0
y be		CEASED NAME ORPRINT	FRST hed	odore Ant/i	tz Sn		AST		20 DATE OF DEAT		DAY YEAR	26. HOUR 5-30 P
age 4 mar ector, pa rs after di	3 SE	MALE	4	RACE		S DATE (DAY	YEAR 06	6. AGE (IN YEARS LAS	T BIRTHDAY) YRS.	IF UNDER EYEAR	IF UNDER 24 HRS HOURS MIN
death. P	C	RTHPLACE ISTATE OR FOO		USA	WHAT COUNTRY	WIDOW		NORCED [BALTIMORE CIT		CITY	MD.
by the fued within		BALT IMOK	E	(IF NOT IN SU	HOSPITAL, NURSI CHFACILITY, GIVE STREE ERCY	ADDRESSI ADDRESSI	PITAL		12a USUAL OCCUP ITYPE OF WORK FOR MC Brokes	OST OF WORKING L	IFEI INDUSTRY	Estate
filled in uld be fi	130	at Residence (# Nurs STATE aryland	ING HOME OF OT	HER INSTITUTION	Baltimo	WN	134 INSIDE C	NO [13. STREET ADDRE	ss pringl	ake Way	
xecuted with	14. F	ATHER'S NAME FIRST Michael	Antlii		LAST		15. MOTHER	S MAIDEN NAME FIRST LUCY CO	MIDDI	ιE	1 A	ST
n and co Pages 1 a	Ida N	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W.	D FORCES? AR OR DATES)	216-07-1		Mrs. I		M. Antlit	DRESS		
requires that the death cert is signed by the attending phen please remove carbon pa to burial, cremation, or rem y injury, or other traumatic	N.	Canditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the last.	DUE TO, O	R AS A CONSEOL	EMID JENCE OF LEVUS & 1	Infar evotic	CAVUI	OVASCULAY	Disease		(a)
MAN: The law cian. ificate has been sit permit. The Hygiene prior n 18 shows an	CERTIFICATION	190 DATE OF OPERAT	HON	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	
HYSIC physic s cert al-tra ental or Iter		218. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH			AY YEAR	SIC HOW IN	NJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18.	PART I ORPART 2)	
DING PHY ttending ph After this c s the burnal- th and Men marked or I	MEDICAL	214 INJURY OCCURR	ILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	ОИ	CITY O	TOWN	COUNTY	STATE
TTEN Il or a TOR: Use a Heal		228.1 certify that (1) saw the decease above, (1) (we) (d	d alive an_	3/	19_) (aur) apinian	, ta	ie date and ha	ur and from the	
		226. SIGNATURE	will,	YI	Venlern	N			MEDICAL DIRECTOR PH		3/	1/80
TO HOSPITAL retained by the TO FUNERAL should be detac with the State [IMPORTANT:		Sco	VIT V	HEN	person		M	ENCY	Hospital	/	t paul	5√, ≿ .
12 BP		Burial, CREMATION, Burial	REMOVAL	Mar.	5,1980		Cross		Brookly			
DHMH-16 25M (VRA 15, 4) 1/79	m	UNERAL DIRECTOR	defeld	. 650	o your	Rd.		MA	REC'D. BY REGISTING THE STATE AND ST	A 100		Cready .



15M 7/76



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	1.	FOR STATE	CERTIFICATE OF DEATH								
3 26		CEASED NAME FIRST OR PRINT) BABY	MIDDLE		our	REG. NO	O. MONTH DAY 3 24	YEAR 80	26. HOUR A		
enter. per	3 SE	x F	RACE	S DATE C	F BIRTH DAY 23 80	6 AGE (IN YEARS LAST BIRT	1	THS DAYS	FUNDER 24 HRS HOURS MIN 15		
BS		RTHPLACE (STATE OR FOREIGN 7) OUNTRY) BALTIMORE	CITIZEN OF WHAT COU	INTRY? MARRIEI WIDOWE	NEVER MARRIED		R COUNTY OF	DEATH	MD		
138	1	BALTIMORE	1 NAME OF HOSPITAL, I HE NOT IN SUCH FACILITY, GIN CUMPLES	VE STREET ADDRESS!	rother institution ray land Ho	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	OF BUSINESS OR		
hin 24 he	l lo	AL RESIDENCE (IF NURSING HOME OR OF COUNT IN COUNT CAL.	Y I3c CITY O	CE BEFORE ADMISSION) OR TOWN tingtown	13d INSIDE CITY LIMITS? YES NO		eld Esta	ate			
Med after	14 F/	ATHER'S NAME FIRST MI	DOLE W	AST	15. MOTHER'S MAIDEN N	WIDDLE	19.9	LAS	ī		
Pages 3		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) # YES, GIVE W		AL SECURITY NO.	17 INFORMANT	ADDRE	SS				
requires that the deal in signed by the attention to harial, cremation, by injury, or other tra	NO	Conditions, if any, which gove rise to immediate cause ia, stating the underlying cause last PART 2 OTHER SIGNIFICANT CO		na luni NSEOUENCE OF	NOT RELATED TO THE TER	eminal disease or con	DITION GIVEN	IN PART 1/c	21		
Clan: The law cian. ificate has bet nist permit. Thygiene prior m 18 shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	280 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES			
ending physician. For this certificat After this certificat The burial-transit The		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON'	TH DAY YEAR		RRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART I	OR PART 2)			
ENDING PI r attending DR: After th e as the bur ealth and M is marked	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOV	m	COUNTY	STATE		
TO HOSPITAL CHATTENI retained by the hospital or at TO CUNDERAL DIRECTOR: should be detached for use as with the State Dept. of Healt MPORTANT: If Item 21 is		226. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not) 226 SIGNATURE Co. J. J. 226 PHYSICIAN'S NAME (TYPE OR) J.E.G.A.N	view the body after death	1980 or	d that in (my) (aur) apinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS UNIVERSAL WHEN ATTENDING PHYSICIAN	MEDICAL STAL DIRECTOR PHYSIC	ote and haur an	224. DATE			
BP		BURIAL, CREMATION, REMOVAL SPECIFY Removal	3/27/80	23¢ NAME OF C	EMETERY OR CREMATORY	CITY OR FOWN	- W AL	UNTY	STATE		
DHMH-16 25M (VRA 15, 4) 1/79		uneral director name latomy Board	Balto.	, Md.	25a. D	MAR 3 1 198	256. REGISTRA	r's SIGNAL	We Cready		

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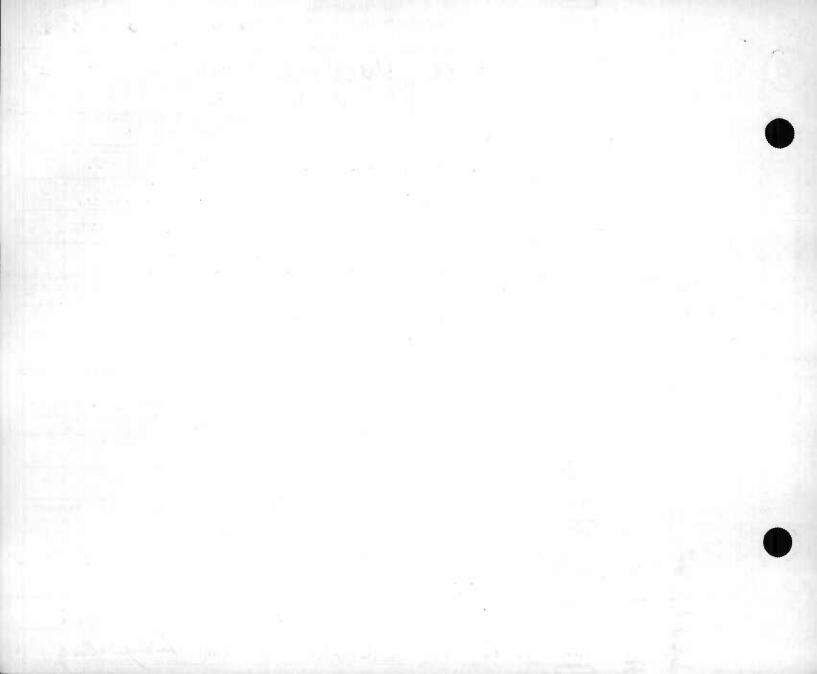
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l	1. DEC	EASED NAME	FIRST MAR		MIDDLE		321	IAST OLD		JI DEA		REG. NO.	MONTH	DAY YEA	
	I. SEX	ema le	white	May 1	TTH YEAR 1907	6 AGE (IN YEA LAST BIRTHDA' 72 YR	RS IF UN	DER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE PRONOUN DEAD		3 MONTH	30 19 8 DAY YE	
	FO	RTHPLACE IST.	10000	76. CITÎZEN OI	S.A.	ITRY?	8. MARRII WIDOW		DIVOR			orecity of imore	_	OF DEATH	1
2	I	altimo	re	3231	Pelham .			R INSTITUT	TION	FOR A	MOST OF WORK	ATION ITYPE		OR INDL	BUSINESS USTRY 12th
	13a. S1	Md.	IF IN NURSING HOME O		13c. CITY	or town Balto.		13d. INSIDE (II Yes 🏡	NO 🗆			elhan	n Ave	€.	
		THER'S NAME Willia		WIDDLE		rnold			essi		MI	DOLE	1	Plet	zer
	YE	s, no, or unknov no	EVER IN U.S. ARA WN) (IF YES, GIVE V	WAR OR DATES)	218-	-09–19		Ric		d Arı	nold	ADDRESS (brot	ther)) ad	dres
	NOI	gove rise couse (o) lying cous	s, if ony, which to immediate stating the <u>under-</u> te last. NIFICANT CONDITIONS ((c)		ISEQUENCE O		OR CONDITION	I GIVEN IN PA	ART 1 (a).					
	CERTIFICATION	190. DATE OF		19b. COI	NDITION FOR	WHICH OPERA									SY?
2	DICAL	CONTRIBUTION 21d INJURY O	IG CAUSE OF D	DEATH PLA	E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM, E	(AT HOME,	sub	ject s	smoth	nered		JRY IN ITEM 18 PA			SIA
7		WHILE AT WORK 220. I certify death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	y that I toak charge d from: Nature		described obo	, Suice	Autons	Hamici TITLE (SP Assi	Inspection ide [X]. PECIFY) Lstan	Undete	Inquiry ermined mon	, ond	in my opin	ore, l	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 70 DATE OF DEATH 2h HOUR TYPE OR PRINT Catherine W. Auer 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR UNDER 24 HRS 28AY 1895 JODIH Female. White 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWEDE DIVORCED | B CITY OR TOWN OF DEATH Jenkins Wenor tal Home of 1000 Caton 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Ave. Baltimore, Md. 21229 HOUSEWIFE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13b COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 4 Mallow Hill Rd. 21229 Md. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dumler Wetzler Theresa John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 14h SOCIAL SECURITY NO Jenkins Memorial Home 1000 Caton Ave. 21229 212-05-6406 Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. i cardiover reals DUE TO, OR AS A CONSEQUENCE OF ALLOGAR Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NO NO [71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from , and that in (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ above, mawe) (did) (did not) view the body after death 22b. SIGNAPURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
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At RECO	hos beer it permit.		CERTIFICATION	Date of Operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NOTE MENT						YES NOTE	IN CERTIFYING CAUSES OF DEATH?			
OF VIT	certificate has	<i>a</i> .		2] II. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER}			AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN)UI	RY IN ITEM 18, PAI	RT I OR PART 2)		
IVISION JO PHYS	ter this os the burner hand Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE {AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION	N Au /	CITY OR TOV	vn / ,	COUNTY	STATE	
ATTENDIR	CTOR: At for use of of Healt			22a.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not		7/2/	80 , or	d that in (my) (our) opinion d	eoth occurred on the do	ote and hour	ond from th	e couses state	
AL SAL	7 000	64		226. SIGNATURE Mann	u F	lam	2	DEGREE AT PH	TENDING AYSICIAN	MEDICAL STAI	F IAN []	22c. DAT	26/86	
HOSPIT	TO FUNERAL should be det with the Stote IMPORTANT:			224 PHYSICIAN'S NAME (TYPE OR MAURICE FE	LDMAN,	M.D.		220 ADDRESS	10 CT.	ROSS-COV.	NIR	y /	3LVL	2
ρ Β	P		230 8	URIAL, CREMATION, REMOVAL	236. DATE March	227/80 C	hame of c	le av	REMATORY	23d. LOCATION PROPRIOWN 10 all	mo e	OUNTY	Alstate	
	HMH-16 20M RA 15. 4) 7/78		24 FL	NERAL DIRECTOR	Bin	ADDRESS TO IV	R	tool Rd	250. DATE	REC'D. BY REGISTRAR	25b. DEGISTR	ARS SIGN	ATURE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST I. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) MILTON F. 5 BAFFORD 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER LYFAR June 23.1902 Male White 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN NEVER MARRIED BALTIMORE CITY Maryland WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Printer Can Co. UNION MEMORIAL HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO Maryland 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 4759 Elison Ave. 21206 YES IX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Anna Bafford Edward Streb ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-0171 Catherine Bafford, wife, same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE IS y condial Conditions, if any, which gove rise to immediate cause (a), stating the underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71n. ACCIDENT WAS UNDERLYING Ī 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ö CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE [AT WORK AT WORK 220.1 certify that (1) (this hospital) oftended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL + should be deto with the Stote IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CIAN'S NAME (TYPE OR PRINT) mme 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Cockeysville, Md. Dulaney Valley Cem Buria] 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FSEHIMUNEK Funeral 3331 Brehms Lane DHMH - 16 60M 1/75 (VRA 15 (4)) Balto. Md. 21213 Home. Inc

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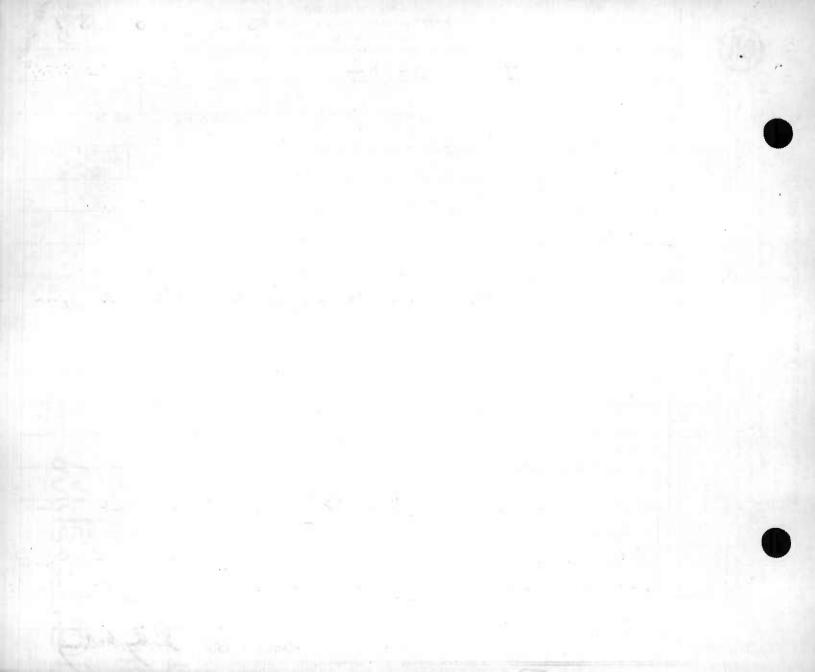
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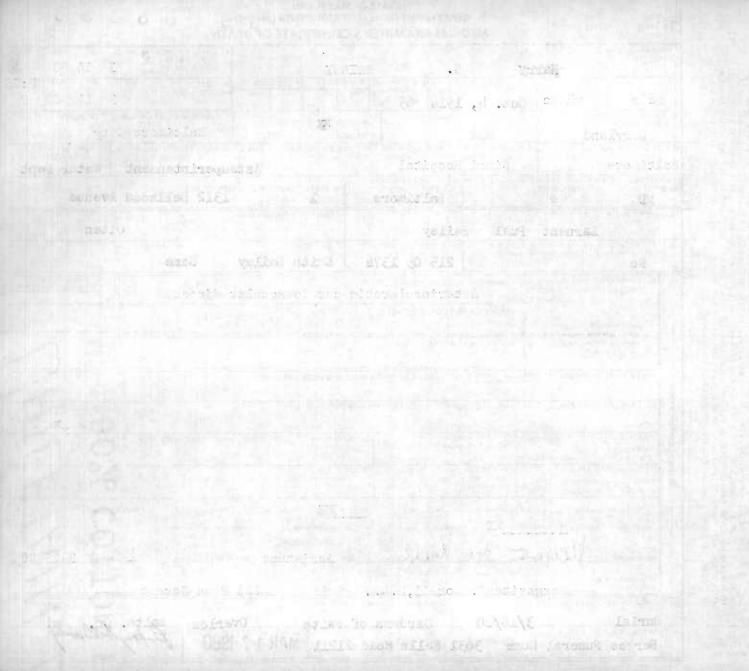
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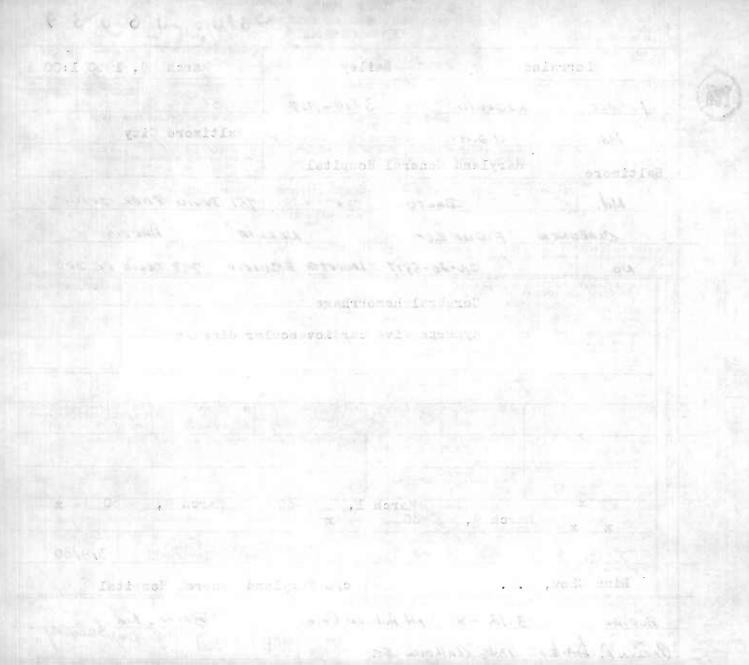
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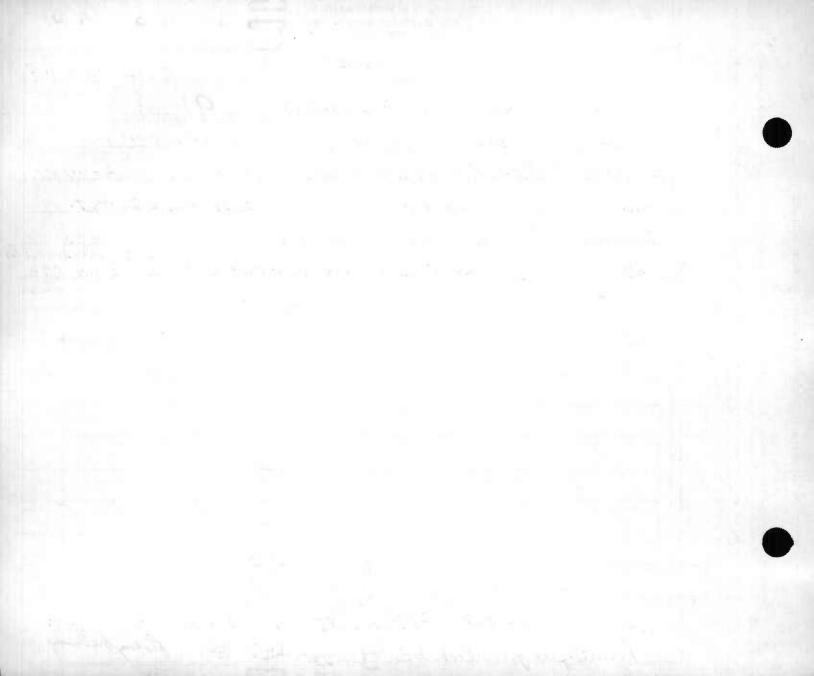
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D. 21201 1. IF ANY DELAY IS NE. 2. AND 3 TO THE B. 3. RETAIN PAGE 2 SHOULD BE FILED, AL RECORDS, 301 W.	10. CI	ITY OR TOWN OF	DEATH		PITAL, NURSING HOA		HER INSTITUTION		UAL OCCUPATI	ON (TYPE OF WO	RK 126 KIND C	F BUSINESS
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3 10 PE	1		IN NURSING HOME OR		E RESIDENCE BEFORE ADMIS	SION		AST	superint	endent	mate.	r Dept
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OAB BAC	22	PART 2 DTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	EMENAL DISEAS	E DR CONDITION GIVE	N IN PART 1 (a).				
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DIVI DIVI SUFFINE DE	ME	WHILE AT WORK	NOT WHILE		ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY	STATE
WRI WRI WAR		AT WORK	AT WORK									
R S R S S S S S S S S S S S S S S S S S		22a. I certify t	that I took charge	of the remains desc	ribed above, held an	Autop	sy XX Insp	pection .	Inquiry	, ond in my	opinion	
L EXAMINER E CERTIFICAT DOLD BE E DE CERTIFICAT OLD BE H, WITH THE MARYLAND,		death resulted	from: Natural	causes XX	Accident S	uicide	" Homicide	, Unde	termined monne			
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~ 10 BP		Burial	20	3/18/80	Garde	ns of	Faith	O	rerlea	Balto.	00.	Md
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8 75		CRASED NAME FIRST CORPRINT) Lorrain	e E		ley .	2. DATE OF DEATH		1980	26. HOUR
Town .	3 SE	(RACE	S. DATE C		& AGE IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
(LEG)		FEMALE	NEGROID	MONTH	3-19-1928	51	YRS.	DNTHS DAYS	HOURS MIN
1 1 13		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTS	MARRIEI	NEVER MARRIED	Baltimore CITY C	_		M
Sign of the form			I. NAME OF HOSPITAL, NUF Maryland Ge	SING HOME	R OTHER INSTITUTION	12e. USUAL OCCUPAT			F BUSINESS OF
illed in the life	USU	AL RESIDENCE (IF NURSING HOME OR OF		OWN	136. INSIDE CITY LIMITS?	130. STREET ADDRESS	PAR	L DEI	U.5
mpletely fills and 2 should died examiling	14 FA		DDLE , LAST		15. MOTHER'S MAIDEN NA	. MIDDLE	HAR	a LAS	
and com ages 1 and the medic		VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) I # YES, GIVE W		ECURITY NO.	17 INFORMANT LAURETTA FIC.	ADDRI			ne.
equires that the death certi signed by the attending phin n please remove carbon pal burial, cremation, or rem injury, or other traumatic		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	CAUSE (a) Cerebri DUE TO, OR AS A CONSE (b) hypert DUE TO, OR AS A CONSE (c)	OUENCE OF ensive OUENCE OF	cardiovascu			N IN PART 1	01
: The law re e has been si permit. Then ene prior to shows any is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
ENDING PHYSICIAN: Tr attending physician. DR: After this certificate ha se as the burial-transit perr fealth and Mental Hygiene I is marked or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR		RY IN ITEM 18, PAI	RT I OR PART 2)	
After this of the burial hand Mer narked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
al a		220.1 certify that (II (this haspital saw the deceased alive an abave. 30 (we) (dM) (did nat)	March 9.	March	1980 ad that in To y) (aur) apinian	, to March death accurred on the d			that XI) (we) las causes stated
DIR head Dept		276. SIGNATURE	leon, me	9.		MEDICAL STA	FF CIAN X	3/9	
TO HOSPITAL etained by the TO FUNERAL should be detac with the State I MPORTANT:		Lisa Chow,			c/o Maryla	and General	Hosp	ital	
Bb	23a i	BURIAL, CREMATION, REMOVAL BURIAL	3-12 - 80		EMETERY OR CREMATORY		-70. pl	COUNTY	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR , NAME ERNON R. DAILEY	1348 aplho	UN ST.	rsi RA	R 1 0 1980	251. 968 15.7	A8'5 A 60 C	MAN



	1 1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS U CERTIFICATE OF DEATH	0 3 4 0
e		CEASED NAME FIRST	MIDDLE BAST 20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
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72 hour	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	7% CITIZEN OF WHAT COUNTRY?	
5		Va	71.S.A. WIDOWED DIVORCED DI BALTINO	recity M
notified (10.0	Baltimone	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WOR	RKING LIFE) 126. KIND OF BUSINESS OF INDUSTRY
must be	USÚ 13a. :	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
E37	TA E	M) d . ATHER'S NAME	15 MOTHER'S MAIDEN NAME	E. 32 mar St.
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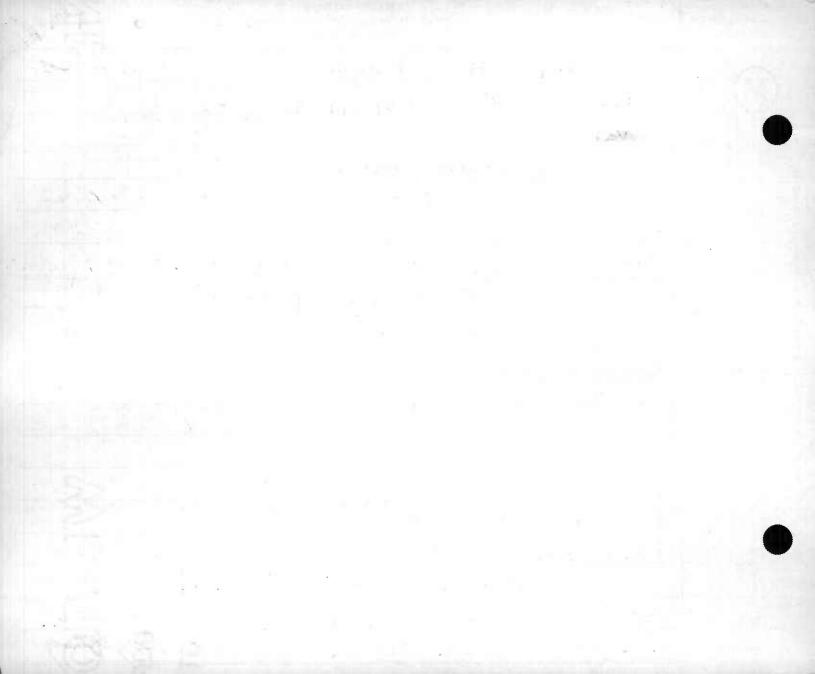


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME FIRST LAST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) HARRY BAKER 12 80 IL A 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MOS 3 SEX 5 DATE OF BIRTH HOURS OF P 24 WHITE MALE BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED COUNTRY) BALTIMORE CITY MARYTIAND U.S.A. WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR WESTERN GENERAL HOSPITAL TOOL & DIE MAKER SOUTH BALTO. BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYTAND 2807 FLORIDA AVE. 21227 BALTITMORE BALTO. HIGHLANDS s 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE CLEMENTINE UNKOWN FRANK BAKER ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR LINKNOWN) LIF YES, GIVE WAR OR OATES) MR. GEORGE E. GEYER 2807 FLORIDA AVE. NO 216-01-9270 APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a **IFICATION** 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NO NO YES CERTI Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Ö CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 20 22a I certify that (1) (this hospital) attended the deceased from, 19 80 sow the deceased of a on _19__\$@__, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (well (did)) were view the body after death to FUNERAL DIRECT should be detoched for with the Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED -MEDICAL DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS HELRS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE HOWARD Mb. ELKRIDGE BURTAL 3/14/80 PK MEADOWRIDGE MMM. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25 DHMH - 16 50M 1/76 4107 WILKENS AVE 21229 FUNERAL HOME (VR A 15 (4))

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		DECEASED NAM (TYPE OR PRINT)	Leo		R.	Ball	enger	20	DATE KNOWN OF ESTI- DEATH MATED		28 ₁₉ 80	2b. F
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Baltimore Brack Harding Supplementation of City Chronic	5	West Vi	rginia	U.S.A.		WIDO	WED DIVO	ARRIED	Baltimo	re Ci	ty	
16, FATHER'S NAME	31	Baltimo	re	Baltime	ore C	ity Hospi	ta1	Elec	L OCCUPATION (1 ST OF WORKING LIFE)	TYPE OF WORK	General	Mo
The contain				eley	13c. CITY O	or town tinsburg			No. High	Stre	et	
(YES, ONE UNKNOWN) YES W.W.II 236-42-0582 Mrs. Mary B. Ballenger-Martinsburg, W.W. III 236-42-0582 Mrs. Mary B. Ballenger-Martinsburg, W. M. III 236-42-0582 Mrs. Mary B. Ballenger-Martinsburg, W. Mary B. Ballenger-Martinsburg, W. M. Artonser Martinsburg, W. M. III 236-42-0582 Mrs. Mary B. Ballenger-Martinsburg, W. Artonser Martinsburg, W. M. Artonser Martinsburg, W. III 236-42-0582 Mrs. Mary B. Ballenger-Martinsburg, W. Artonser Martinsburg, W. M. Artonser Martinsburg, W. M. Artonser Martinsburg, W. M. M. Artonser Martinsburg, W. M.	7	Gord	an				Edit				Hooe	
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death resulted from: Note that the state of												_
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death resulted from: Native gauses XX Accident \(\), Suicide \(\), Hamicide \(\) Undetermined manner \(\), ACTUAL ACTUAL ACTUAL DATE 2/28		190. DATE O	F OPERATION AL CAUSE WAS	19b. COND	ITION FOR W DF INJURY M. MONTH	VHICH OPERATION V	VAS PERFORMED?		TURE OF INJURY IN ITEM	18 PART 1 OR PA	YES 🔯	
MILLION EXAMINER SIGNED	1 3	190. DATE O 210. EXTERN UNDERLYING CONTRIBUT 21d. INJURY	FOPERATION AL CAUSE WAS G OR ING CAUSE OF I	21b. TIME O HOUR A.A DEATH P.A	ITION FOR W DF INJURY M. MONTH M. OF INJURY	DAY YEAR 19 (ATHOME, 211, LC	WAS PERFORMED?	RRED LENTER NA			YES 🔀 >	

See I special end a feb A.d.J weekyiv real Fig. 6 of the particular particular and the contents norkeley . Martinsbur as ald to hith Street Long Land Land Land . A de la company de la compan West W.V.11 - 136-1-3551 Mrs. Norg 2. Sallemen-Markhaburg, J.Vo. த் இரு ஆ. www.missen.ssa எ க இத Mar. 21, 1760 Pisasame View Manory Chroses-Markinsonro, Norkalog, 171 leito! Prove Burgeril Home, Nic. No Estandors, T.Y.

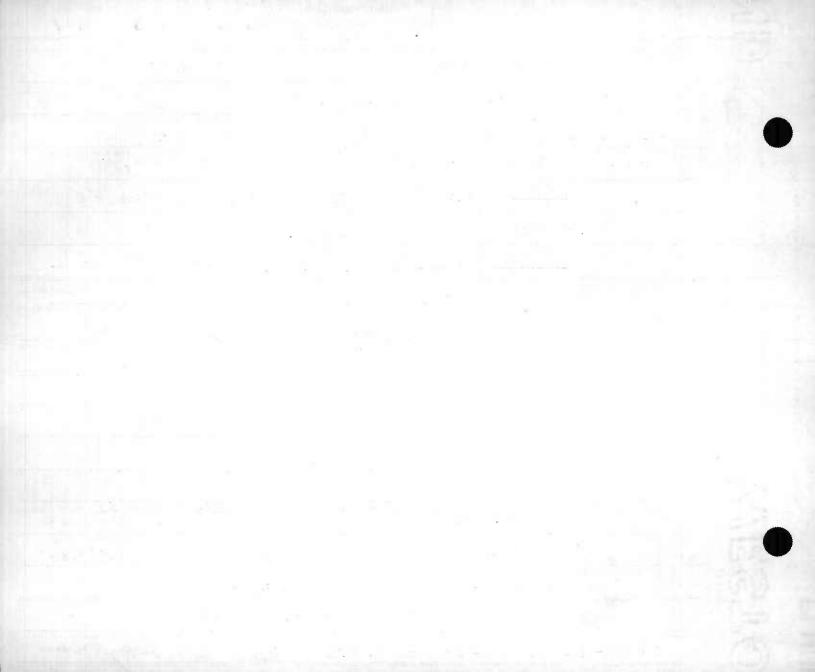


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO FIRST I. DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF 1080 DUANE BARBER DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1080 a white 31 male. 12 1923 56 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH M. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Penna. Baltimore City USA DIVORCED B. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Apt. I. 1424 W. Mt. Royal Avenue Baltimore Warehouseman Retail Store USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS Baltimore 1424 W. Mt. Royal Avenue Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Barber Nora Wennick 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Route (IF YES, GIVE WAR OR DATES 182-14-1272 Yes WW Mrs. Jean Bridenstine Orbisonia. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH massive gastro intestinal bleeding PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DIVISION OF VITAL OF BURIAL. YES X NO [] 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c HOW IN JURY OCCURRED JENSER NATURE OF INJURY IN JEEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. STREET STATE CITY OF TOWN COUNTY WHILE AT WORK EXECUTE 11.2.
PAGE 4 SHOULD BE 1.2.
TO EUNERAL DIRECTOR: P
AFTER DEATH, WITH THE 8:
PALTIMORE, MARYLAND, 2. 22a. I certify that I took charge of the remains described above, held on Inspection deoth resulted from: Hamicide Undetermined manner TITLE (SPECIFY) 3-31-80 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23d. LOCATION Burial 3 APRIL 1980 Orbisonia Cemetery Huntingdon Orbisonia PA. 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** Eline Funeral Home Refsterstown, Md. 21136 VR A15 ME (5) 15M 7/76

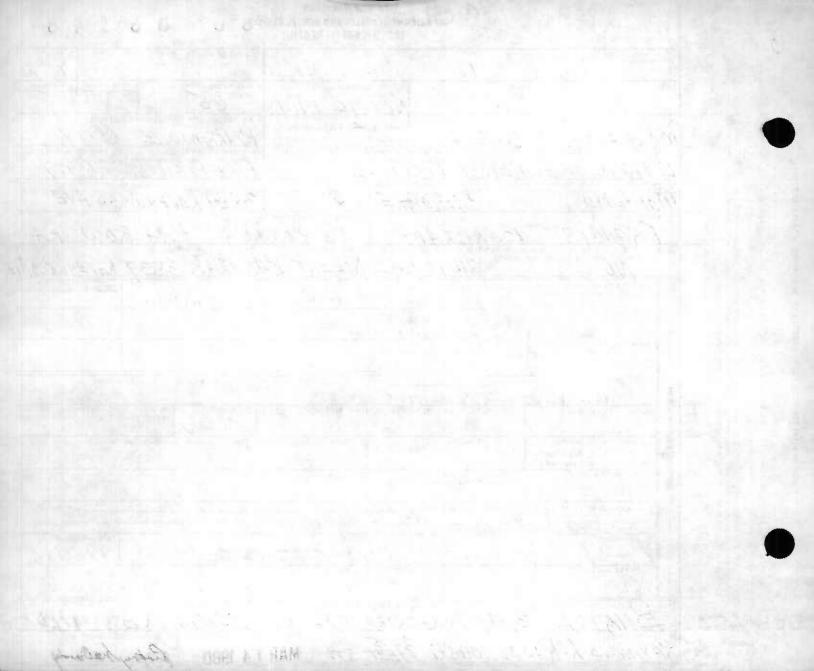
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REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	19 19 80 M H DAY YEAR 2d HOUR 20 19 80 1:00 F UNTY OF DEATH 1:00 F ILLY MD. RK 12b. KIND OF BUSINESS OR INDUSTRY
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male white May 23, 1941, 35 yrs. Monits Days Hours Min Pronounced 3 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tenn 10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore 12a. USUAL OCCUPATION (TYPE OF WOR MOST OF WORKING LIFE) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? STREET ADDRESS) 14 FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	INTY OF DEATH ity MD. RK 17b. KIND OF BUSINESS OR INDUSTRY CAKE Gourt, LAST
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tender of Country) 10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore 120. USUAL OCCUPATION (TYPE OF WOR MOST OF WORKING LIFE) 130. STATE 131. COUNTY 132. CITY OR TOWN 133. CITY OR TOWN 134. INSIDE (ITY LIMITS?) 136. STREET ADDRESS 137. STATE 138. STREET ADDRESS 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST 16. NO. OR UNINNOWN) 16. YES, GIVE WAR OR DATES) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ity AD. KIND OF BUSINESS OR INDUSTRY Cake Gourt, LAST
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14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME	LAST
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Asphyxia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) ASPITYALE	
Conditions, if ony, which DUE TO, OR AS A CONSEQUENCE OF	The Control of the Control
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cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY (CSE) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF INJURY IN ITEM 18 PART 1 OF INJURY IN ITEM 18 PART 1 OF INJURY	Z0. AUTOPSY?
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22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection XX Inquiry ., and in my	apinian
death resulted fram: National causes . Accident . Suicide . Hamicide . Undetermined manner .	
ACTUAL SIGNATURE	TE 3/21/80
EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS.	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN C	OUNTY STATE
Burial 3/31/80 Bellamy Cemetery Scot	
24. FUNERAL DIRECTOR NAME E. Barnes ADDRESS AD	

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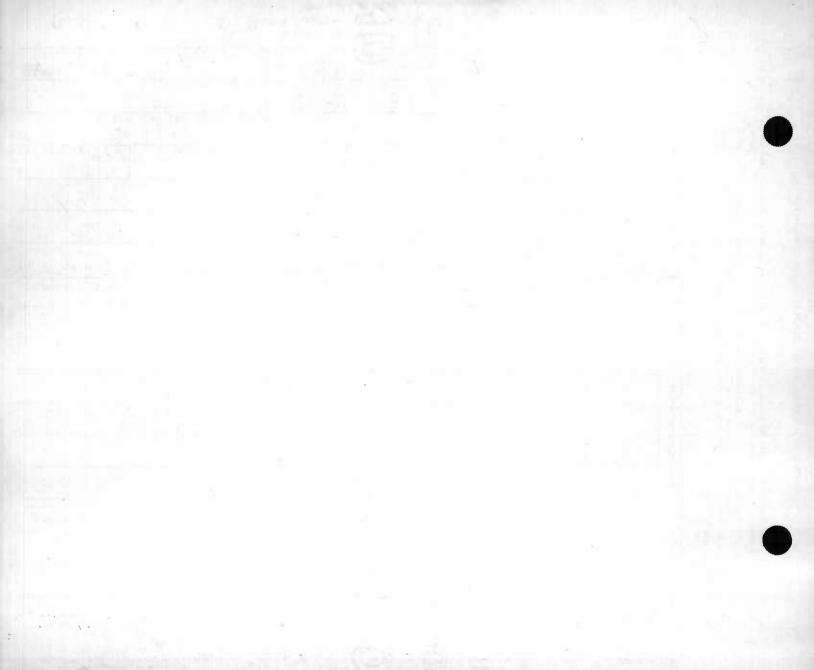
				STATE OF MARYLAND			
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prior Th	CAT	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDIN	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME EIRST MIDDLE 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) JOHN 03 HENRY BARKER 11 80 1:10am 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS YEAR 12 23 86 93 BLACK MALE 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) GEORGIA WIDOWEDXX DIVORCED [BALTIMORE CITY IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE VETERANS ADMINISTRATION MEDICAL CENTER JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4220 CLAIRWAY APTS 21204 MARYLAND NOF BALTIMORE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE BELLE JOHNSON FELIX BARKER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? BALTIMORE, 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Bishop Alfred Wallace 4210 Main 217072093-4 YES WWII BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE IQ DUE TO, OR AS A CONSEQUENCE OF Duelone. Conditions, if any, which gave rise to immediate cause (a), stating A CONSEQUENCE OF underlying last cause ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that XI (this haspital) attended the deceased from 80 JANUARY 3 saw the deceased along and above XII (we) (did) Addition view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING shauld be deto with the State I IMPORTANT: If PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 3900 LOCH RAVEN BLVD 21218 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Co. MD Baltimore Burial Lawn Cem. 3/15/80 250. DATE REC'D, BY REGISTRAR 256. P. GISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 1101 E. North Ave. March F/H (VR A 15 (4))

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				STATE OF MARYLAND		
1	1.	FOR STATE REGISTRAR	DEPAI	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE ()	06350
	1. DE	CEASED NAME FIRST	WIDDLE	EAST CONTRACTOR		MONTH DAY YEAR 26. HOUR
nay be page 3		Lows	7.	PARILS DALLE	Q S	3080 7:00Am
4 940	3. SE	× M	1 RACE	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)
Poge Poge	7a. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? I	BALTIMORE CITY O	R COUNTY OF DEATH
		AIN MINIO	USA	MARRIED DEVER MARRIED WIDOWED DIVORCED	132	+ City MD.
_ * * * 1/2	10 C	BALT.	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126 WIND OF BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the adding physician. The India certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonappers. Pages I and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. The additional physician prior to burial, cremation, or removal.	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY 13c. CITY OR TO	ORE ADMISSION 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	
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MORE or execute execute and or propes medical	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-4728 Maccaline	Barkedula	1-31 Roundeliew Ro
ALTIA te be oi.		18 CAUSE OF DEATH (Enter on	y one couse per line for (a), (b),	ond ich	FLAT NOCUTE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d ST., BAL certificate ing physici banpapei r removal.		PART I. DEATH WAS CAUSED	E CAUSE (0) SEPS	15 (-)		
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Sony of Prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
TALR The le	Ē				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
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b hospitol DIRECTOR Sched for u Dept. of He		sow the deceased alive on above, (I) (we) (did) (did not) view the body after death		death accurred on the do	ate and hour and from the couses stated
		22b. SIGNATURE	#	DEGREE	MEDICAL STAF	224. DATE SIGNED
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12/1	23a. (BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH-16 20M (VRA 15, 4) 7/78	24 F	NAME	T/H 1101	E North Ave	TE REC D. BY REGISTRAN	Manual Stormon



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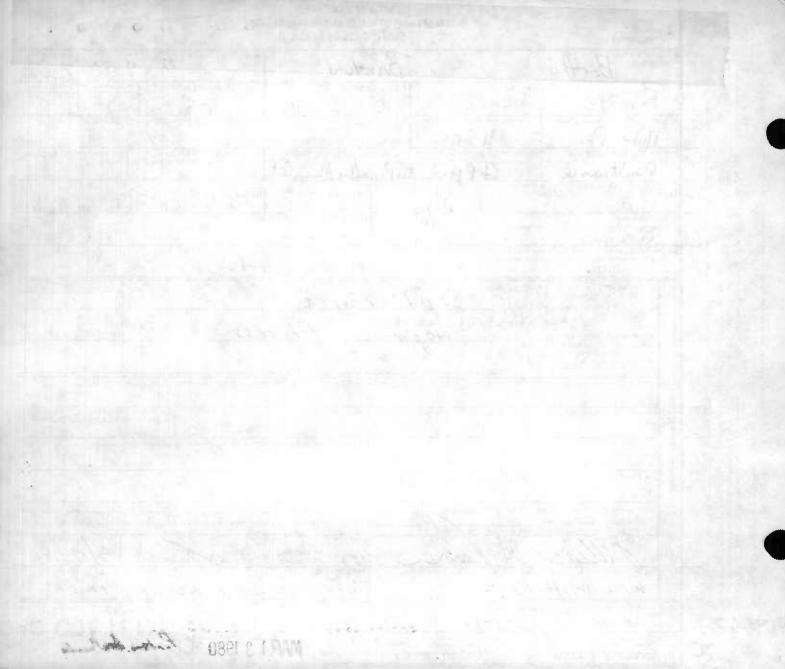
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 2n. DATE OF DEATH . DECEASED NAME MONTH YEAR 26 HOUR (TYPE OR PRINT) 6 AGE LIN YEAR 3 SEX 4 RACE IF UNDER LYFAR IF UNDER 24 HRS PTHDAY TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY N. Carolina WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTR Salesman Auto DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136 COUNTY 136 CITY OR TOWN 130 STATE 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Whitchard AST Barnhill Mary C. Abram ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY N 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) B. Barnhill Same Dorothy WW11 Yes 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause 101, stating underlying couse a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION D156056 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYINGS AUSES OF DEATH NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 MAIL OF 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL (IF EITHER, NOTHEY MEDICAL EXAMINER) 19 P.M. 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from. 1950 sow the deceased plive on , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL d PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHY SICIAN'S NAME (TYPE OR PRINT). with the 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL Md Cockeysville Balto Dulaney Valley Mem Gds 3/19/1980 Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 6500 YORK Rd (VR A 15 (4)) tchell-WIEDEFELD

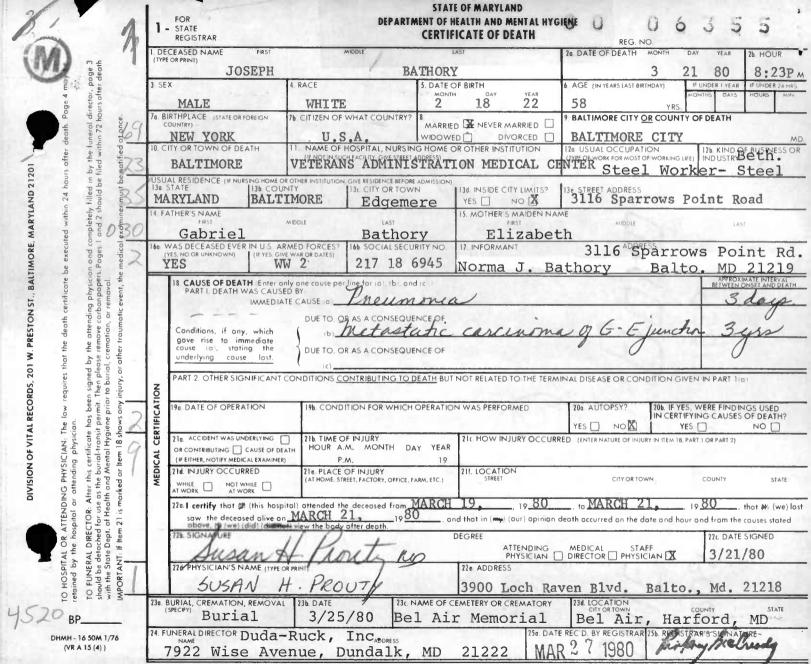
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	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	5 3 5 3
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1	3. SEX	14 RACE	S. DATE O	FRIPTH	AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(M)	Female	White	MONTH	er 30, 1904	75 YRS	MONTHS DAYS HOURS MIN
S Manual S	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUR	MARRIET	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
唐 表 人	Makri, Turkey	U.S.A.	WIDOWE		Baltimore	City MD.
rs after y the fu	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	STREET ADDRESS)		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Housewife	12b. KIND OF BUSINESS OR INDUSTRY
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REST the c	Canditions, if any, which gave rise to immediate	(1b) 3 My	oracle	mary.	9	
W. PI that I that I by the crem crem or otl	cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
or vest trest test test test test test test	underlying cause last.	((c)				
S, 201 equires signed lin pleas a burial injury,		CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
ORD Jaw r The ior t	o gran reg.	aline sepor				
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ICIA Sicia Sicia Pansi II Hy	OR COLUMNIC COLUMN		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
PHYSICIA physicia physicia this certifi urial-trans Mental H	JIF EITHER, NOTIFY MEDICAL EXAMINE		19			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 LDING PHYSICIAN. Strending physician. After this certificate has been signed by the attending physician and completely filled in bus st the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in thand Mental Hygiene prior to burial, cremation, or removal. The marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked or Item 18 shows any injury.	JIF EITHER, NOTIFY MEDICAL EXAMINE 218. INJURY OCCURRED WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
E 0 0 0	220.1 certify that () (this has	pital) attended the deceased I	from 3/2.	1980	10 3 /29	19 FO that Pive last
CTC CTC of H	saw the deceased alive a		19 0 , on	d that in (mk) (our) opinion	death occurred on the date and ha	our and from the causes stated
DIRE for DORE	776 MGNATURE	or view the body ofter death.	C	DEGREE		224. DATE SIGNED
HALD detaching the Detaching t	and 1	who	M	ATTENDING	MEDICAL STAFF	2/25/80
PITAC by the ERAL e detac State	22 PHYSICIAN'S NAME (TYPE	OR PRINT)		22# ADDRESS	DIRECTOR PHYSICIAN	3/2//0-
HOS ned Id by the DRT	SETBER			Mener	/ Insur-ni	BAIT
TO HOSPITAL SATTER retained by the hospital or TO FUNERAL DIRECTO should be detached for us, with the State Dept. of H IMPORTANT: if Item 21			Tar. NAME OF C	" CREG	1236 LOCATION	3/1-4/
	236 BURIAL, CREMATION, REMOVA (SPECIFY) Burial			METERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
7778BP	Burlal	4-1-1980	Greek	Orthodox	Woodlawn	Maryland
/ / DHMH-16 25M	24 FUNERAL DIRECTOR	ADDR	₩50 York	Road	TE REC'D. BY REGISTRAR 256, REGIS	WAR'S SIGNATURE
(VRA 15, 4) 1/79	Ruck Towson Funer	al Home, Inc. 7	rowson, M	aryland	MAR 3 1 1980 /	

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(Constitution) (No execution)	of Jacob Colfe		
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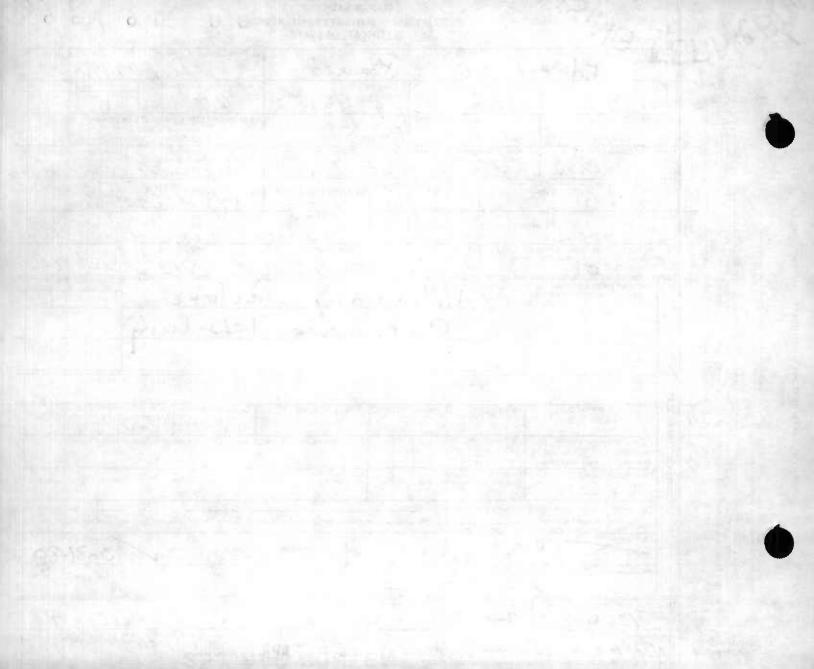
	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	0 5 3 5 4
nay be page 3 r death		ECEASED NAME FIRST BETHA	MIDDLE	BANTON	20 DATE OF DEATH	3 7 80 1.60 PM
ector, s afte	3 SE	FEMALE	BLACK	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) # UNDER I YEAR # UNDER 24 HRS
r death. P		SIRTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT, C	R COUNTY OF DEATH
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AND 212 hin 24 ho uld be fill miner mu	13a	STATE 136 COUNTY	13c CITY OR TOW	E ADMISSION) 13d INSIDE CITY LIMITS? YES P NO	134. STREET ADDRESS,	cossuth St. Beltom
ompletely and 2 sho		ATHER'S NAME FIRST MIDE	No	15. MOTHER'S MAIDEN NA FIRST Party CI	MIDDLE	Scott.
BALTIMORE, A ificate be execu ystcian and com pers. Pages 1 an oval.		WAS DECEASED EVER IN U.S. ARME (YES, NO OF UNKNOWN) Unkn.	R OR DATES)	^	LOTAS - ADDRE	
the Hall		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B IMMEDIATE C	100	ticemia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death cert attending ph we carbon pa ation, or rem		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ence of Abso	err	
201 W. PRESTON ST luires that the death ce med by the attending please remove carbon pourial, cremation, or re jury, or other traumat		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF		
ORDS, 201 aw requires een signed I Then pleas or to burial any injury,	NO NO	PART 2 OTHER SIGNIFICANT COM	IDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TERM		DITION GIVEN IN PART 1(a)
AL RECORI	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ISION OF VITAL RE NG PHYSICIAN: The riding physician. The this certificate ha he burial-transit perr and Mental Hygiene arked or Item 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	21c HOW INJURY OCCUR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]
2 25 415 E	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC. 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE.
E . E . S		22a.1 certify that (I) (this hospital) sow the deceased alive on obaye, (I) (we) (did) (did not) vi	//9	, ond that in (my) (Dur) Dpinion	death occurred on the do	, 19, that (I) (we) lost one ond hour and from the causes stated
ITALOR AT V the hospital RAL DIRECT detached for tate Dept. of		Milean	A. Ken		MEDICAL STAF	FIAN 3/2/80
TO HOSPITAL OH ATTE retained by the hospital or TO FUNERAL DIRECTO should be detached for use with the State Dept. of He IMPORTANT: If Item 21	9	WILLIAM A.		" GREATER	Pa. AUE. NU	RSING CENTER
1047BP		Removal	3-8-80 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director NAME Anatomy Board	Balto.,	MAD	E REC'D. BY REGISTRAR	254 ÆGISTRAR'9 SIGMATURE



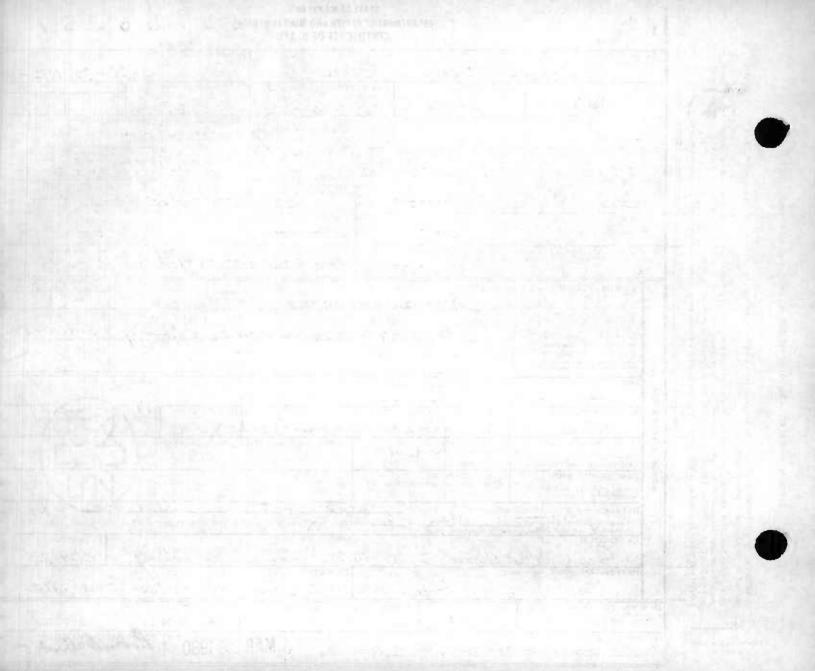


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5	2	1.	FOR STATE REGISTRAR	DEPART	AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENES () ()	6 3 5 6
		1.00	CEASED NAME FIRST	MIDDLE	LAST		OAY YEAR 75 HOUR
	8 mg/		CRASED NAME THOSE CORPRINTS	4	Baust	20. DATE OF DEATH MONTH	29 1962
	As Se	1 SE		1 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HRS
	ge 4 m) 2E	M	Cane.	MONTH DAY YEAR 9 23 1912	47 YRS.	MONTHS DAYS HOURS MIN
4	Pauri	7a. B	IRTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	1 20111-	P. BALTIMORE CITY OR COUNT	Y OF DEATH
	death 72 h		ountry) mcl	4.5A.	MARRIED NEVER MARRIED	cetes	MD
	thin thin	10 C	ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
6	by the fed withing	6	Balto.	813 8 2	ast are.	Machine	Remnenburg
212	g : = = =	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR			0
AND	ithin 24 lithin	130	md. 136 COUNT	TY 13c CITY OR TOW	YES NO [813 S. Ca	st ave
7	s ste	14. F.	ATHER'S NAME		15 MOTHER'S MAIDEN NA		-13
MAR	omple and 2		John	IDDLE LAST	mary	J. F. snner	tes 1AST
IMORE	an and co Pages 1 a) 6a \	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SECU WAR OR DATES) 212-07	2983 Edith Ra	uet 913	Lest aux
201 W. PRESTON ST., BAI	equires that the death certifica igned by the attending physic n please remove carbon papers to burial, cremation, or removal injury, or other traumatic ever		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	manary ince of cruama	Jeft Lune	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS	is been so it. The prior to ws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED
Z	an. cate cate vygien	- 2			10) 116		ES NO
OF VIT	SICI, ysicii ertifi trans tal H ltem		[2]B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
Z	ing phy ir this c burial- id Men	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
NOISION	or attending or attending OR: After thatse as the bur Health and N	A A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
٥	or a or a or a see	P		al) attended the deceased from_		, to	19, that (I) (we) lost
	REC for for t. of	-	sow the deceased alive on a obove, (1) (we) (did) (did not)) view the body ofter death.	, and that in (my) (our) opinion	death occurred on the date and ha	
	AL he		776 SIGNATURE	Simones	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	3-31-80
	TO HOSPITA retained by the TO FUNERAL should be detail with the State IMPORTANT:		THE PRIVICE LINE OF AME (TIME OF	raph) XMM	171 ADDRESS] DIRECTOR [] PRESIDENCE	10-10-
	TO HO Etaine TO FUI With th		9				
	P P F € € ≧	230	BURIAL, CREMATION, REMOVAL SPECIFY) MULLO 4		NAME OF CEMETERY OR CREMATORY	73d. LOCATION CITY OR TOWN	Salto Mil
7/0/1	DI	74 E	UNERAL DIRECTOR	/	750 DAT	TE REC'D. BY REGISTRAR 256, REGIS	TRAP'S AIGNIATURE
2011	DHMH-16 25M (VRA 15, 4) 1/79	1	Liff thanks	Hurriel Home	3218/4/gue AP	R 1 1980 /	THE CHANGE
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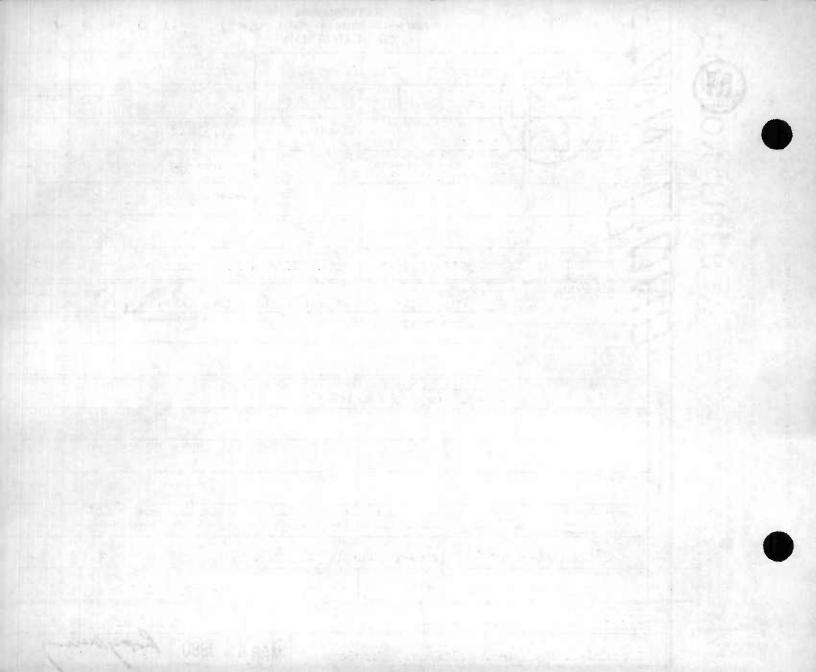


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) JOSEPH Vincent DEALL 1:12 A de 4 RACE 1911 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR male White. XXX 68 - 20 - XX TO BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore City U.S.A. WIDOWED IS CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore St. Agnes Hospital Mechanic Auto Repair USUAL RESIDENCE (IF NUM ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. 309 Ingleside Ave. Maryland Catonsville 21228 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Bea11 Margaret Power 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT Md. LYES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) George B. Beall 69 Edmondson Ridge Rd. 218.07.1752 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEA CAUSE OF DEATH. Enter only one cause per line for 10, 1b, and 1c PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Dronchopneumonia IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF 3months Renal cell Carcinoma with bone Elun Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior any CONDITION FOR WHICH OPERATION WAS PERFORMED 1 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene Fusion Right Whist - Pathologie hackurs 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. morked ar 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 126 12 220.1 certify that () (this haspital) attended the deceased from. 3124 19_80_, and that in (🎉 four) apinion death occurred on the date and hour and from the causes stated saw the deceased alive on 3124 obove, 10 (we) (did) (dia ot) view the body after death 226 SIGNATURE DEGREE 22t. DATE SIGNED MPORTANT: If Ite ATTENDING STAFF MEDICAL should be deto with the State [FUNERAL enouse-PHYSICIAN DIRECTOR PHYSICIAN 22d. PHESICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dibble 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23h DATE Cremation Baltimore 3/25/1980 Green Mount Maryland D. BY REGISTRAR 256. 5 SISTRAR'S SINATURE 8 1980 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Walter Brooks Bradley Inc., Baltimore, Md. (VR A 15 (4))



Leonard J. Ruck Inc. Baltimore, Maryland

(VR A 15 (4))



	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 5 9
100	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIGGLE LAST 20. DATE KNOWN IN MONTH OF ESTI-	
(清隆)	Marga		2 19 80 M
E0364	3. SEX 4 RACE Female White	8 27 06 73 YRS. IF UNDER 1 YR. IF UNDER 24 HRS. 26 DATE MONTH PRONOUNCED DEAD 3	2 19 80 24 HOUR 2:20 P M
ESSAR TO THIN THIN	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	2 ///
#3#3#3O	Maryland	USA widowed ★ divorced □ Baltimore C	ity, MD.
AV IS 3301 V	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
TO THE N PAGE BE FILED	Baltimore	Mercy Hospital Homemaker	Home
BALTIMORE, MD. 21201 RS AFTER DEATH. IF ANY DELY GIVE PAGES 1, 2, AND 3 TO WITH FORM. PM. 3, RETAIN P. PAGES 1 AND 2 SHOULD BE DIVISION OF WITAL RECORDS,	136. STATE 136. COU Maryland	e or other institution, give residence before admission) INTY ISC. CITY OR TOWN Baltimore YESX NO 3106 Kentucky A	ve. 21213
AD. 2 S 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. FATHER'S NAME	MIDDLE LAST FIRST MIDDLE	
DEATH PAND	Henry	- Nuth Margaret -	Grealey
MORE. FORM FORM ON OF	16a. WAS DECEASED EVER IN U.S. A		
BALTIMO UURS AFTER 8 GIVE PA WITH FOR	No	214-38-5533 Dorothy Becker (daughter)same addres
: 28 - 1	18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST., V 24 HOLL V TEM 18 ALONG V PERMIT. VGIENE, IL.	PART I DEATH WAS CAUS	ATE CAUSE (a) Hypertensive Arteriosclerotic Cardiovascular	
in = 2 = 7 <	14	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
W. PREST D WITHIN ENCIL IN AMINER TRANSIT ENTAL HY REMOVAL	Canditians, if any, which gave rise to immedia	te / (b)	
REN REV	cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 301 R: THIS CERTIFICATE SHOULD BE EXECUTE TE, WRITING THE WORD "PENDING" IN P SRWARDED TO THE CHIEF MEDICAL EXA E: PAGE 3 SHOULD BE USED AS A BURIAL STATE DEPARTMENT OF HEALTH AND MI	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO CEATH BUT NOT RELATEC TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
COR BE I NDIN AED AAS AAS AAS	NO NO	Fracture of left hip	
S CERTIFICATE SHOULD BE EXE STRING THE WORD "PENDING" ROED TO THE CHIEF MEDICA ROED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A BL E DEPARTMENT OF HEALTH AN PRIOR TO BURRAL, CREMATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF A 101. INJURY OCCURRED WHILE NOT WHILE	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
SHO SHO	E		YES 🕱 NO 🗆
OF VIT. OF VIT. ATE SH THE CH THE CH THE CH SHORINI SHORINI THE CH TH	210. EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR **MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	ART 2)
ON THE CONTRACTOR	CONTRIBUTING CAUSE OF	FDEATH 1:45 P.M. 2 29 1980 Subject fell	
IVISION SEP	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 216. DECEMBER 1. STREET CITY OR TOWN CO.	DUNTY STATE
HIS WRI	AT WORK AT WORK	* hospital Mercy Hospital, Baltimore	Md.
FORW FORW FORW FORW FORW FORW FORW FORW	22a. I certify that I taak cha	arge of the remains described above, held an Autapsy 😨 , Inspection 🔲 , Inquiry 🔲 , and in my c	ipinian
20 0 - 72/		tural causes , Accident X, Suicide , Hamicide , Undetermined manner ,	
EXAMI CERTIFIC DIDD BE DIRECT WITH		TITLE (SPECIFY)	
HE CER HOULD HOULD TH, WI	ACTUAL SIGNATURE VILLALIA	M.D. Assistant MEDICAL EXAMINER SIGN	3/3/80
DE TE	EVANABLED'S NAME		
TO MEDICAL E EXECUTE THE PAGE 4 SHOUT TO FUNERAL D AFTER DEATH, BALTIMORE, MA	EXAMINER'S NAME Vir	ginia L. Dolan, M.D. ADDRESS 111 Penn St	reet
0 × 4 0 × 4	23a. BURIAL, CREMATION, REMOVAL	CITY OR TOWN	UNTY STATE
7/27BP	Burial	3/6/80 Holy Redeemer Cem. Baltimore, Md	
2633 DHMH-17	Sychimunek Fu	250. DATE REC'D. BY REGISTRAR 256. ISJRAR'S	SIGNATURE
(VR A15 ME (5)) 15M 7/77	Home, Inc.	neral MAR 7 1980 MAR 7 1980	- Totaly

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shows any injury, or other traumatic

marked or Item 18

MPORTANT: If Item 21 is

1	FOR - STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE ()	0 6	3 6	
	ECEASED NAME ECEMPINI) AP	FIRST		uise		BELL	MARCH 1	MONTH 198		1:26P
3 51	Female		4 RACE Wh:	ite	5 DATE O	h 16, 1979	& AGE (IN YEARS LAST BIR			OURS MIN
	BIRTHPLACE (STATE OR FO	REIGN	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALT IN	OR COUNTY C	F DEATH	MD.
	altimore	TH		H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST ON		176. KIND OF E	
USU 13a	JAL RESIDENCE (# NURSI STATE Md.	NG HOME OR 136 COUN	ITY		ADMISSION)	134. INSIDE CITY LIMITS? YES NO []	Box 36, Ri	o Vist	a Trai	ler Park
	ATHER'S NAME Benjamin	Waj	ne ne	Bell		Margaret	WE		Stub	bs
	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	None	RITY NO	Margaret Be	11	Muul	ess Sar 13e.	ne as
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which which pediate g the last.	D BY (E CAUSE (0) DUE TO, OF (b) DUE TO, OF	Resarctory RAS A CONSEQUE RAS A CONSEQUE	emest NCE OF NCE OF	NOT RELATED TO THE TERM		idition given		TE INTERVAL ET AND DEATH
CERTIFICATION	190 DATE OF OPERAT	ЮИ	1% CONDI	TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	206. IF YES, VIN CERTIFY!	WERE FINDING NG CAUSES OF	
Ü	21a. ACCIDENT WAS UND	CKITING L	216. TIME O	F INJURY	V VEAD	214 HOW INJURY OCCURE	CEU (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	T I OR PART 2]	

PART I DEATH WAS CAUSED B	Y and to the tor to			BETWE	EN ONSET AND DEATH
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3200	DUE TO, OR AS A CONSEQUENCE OF				
Canditions, if any, which	The extendents in	venzare mon sept	19		
gave rise to immediate		(0.1			
cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
underlying cause last.				100 100 100	
DART O OTHER SIGNIFICANT CON	IDITION IS CONTRIBUTING TO DESTRUCT			IN IT IO I CAUTALAND AND	1.
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEN	WINAT DISEASE OR CON	IDITION GIVEN IN PART	1(0)
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
				IN CERTIFYING CAUS	
			YES NO	YES 🗌	NO
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		IRRED (ENTER NATURE OF INJE	IRY IN ITEM 18, PART 1 OR PART	2]
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
AT WORK					
220. certify that (I) (this haspital)	attended the deceased fram	10 19 80	10 3 14	19 80	_, that (I) (ye) las
saw the deceased alive an	3/14 10 80	ind that in (my) (aur) apinia			
abave, (1) (we) (did) (did nat) v	iew the body after death.	ing that meny (acr) aprilla	in death accorned an the c	are and noor and train	me cooses stated
22b. SIGNATURE	Nin II m	DEGREE		22c. D/	ATE SIGNED
11.00	Grant Man	ATTENDING	MEDICAL STA	FF _	-11/02
March 1	LUCIO TRIT	PHYSICIAN	☐ DIRECTOR ☐ PHYSI	CIAN	3/14/180
224 PHYSICIAN'S NAME TYPE OF PR	INT}	22e ADDRESS	1 2000		1
16 / 1.	b 14 1 -			0.	
Worker *	(, Barnett H.D	chines do	kins desital.	-Picu	
BURIAL, CREMATION, REMOVAL	236 DATE / 23c NAME OF	CEMETERY OR CREMATORY	23d. LOGATION		
SPECIFY) Burial	7 17 00	V	CIRYOR TOWN	COUNTY	Md.
25 42 25 44 25	T. C. LI	ncoln Cemete	ry brentwoo	od P.G.	ritt •

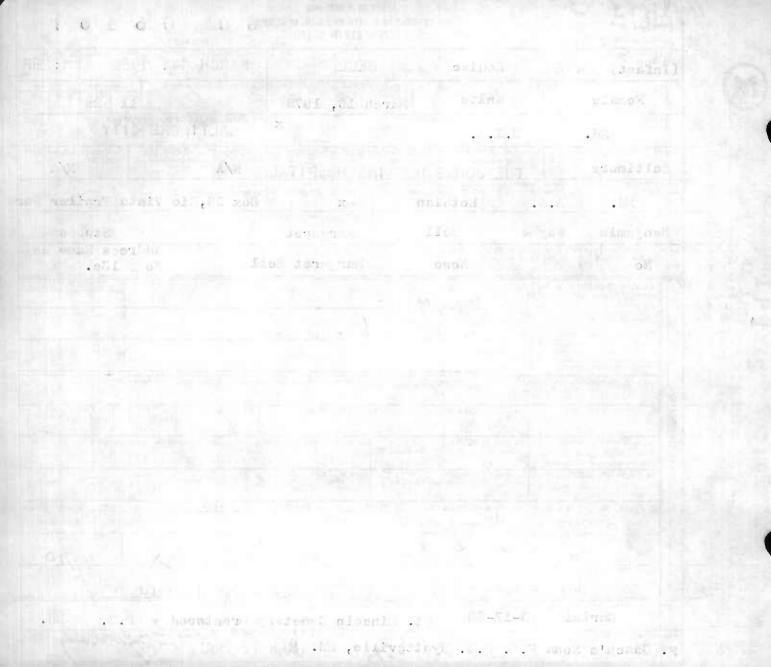
DHMH-16 25M (VRA 15, 4) 1/79

BP.

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. "Hyattsville, Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR TO STURE MAR 18 1980



3331 Brehms Lane

Balto. Md. 21213

FOR

REGISTRAR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78

Home. Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

20 DATE OF DEATH MONTH 1980

IF UNDER TYFAR

AGE (IN YEARS LAST BIRTHDAY)

Murowski

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

COUNTY

221. DATE SIGNED

5th Flr.

NO [

STATE

Md.

YES [

same address

IF LINDER 24 MRS

17h KIND OF BUSINESS OR

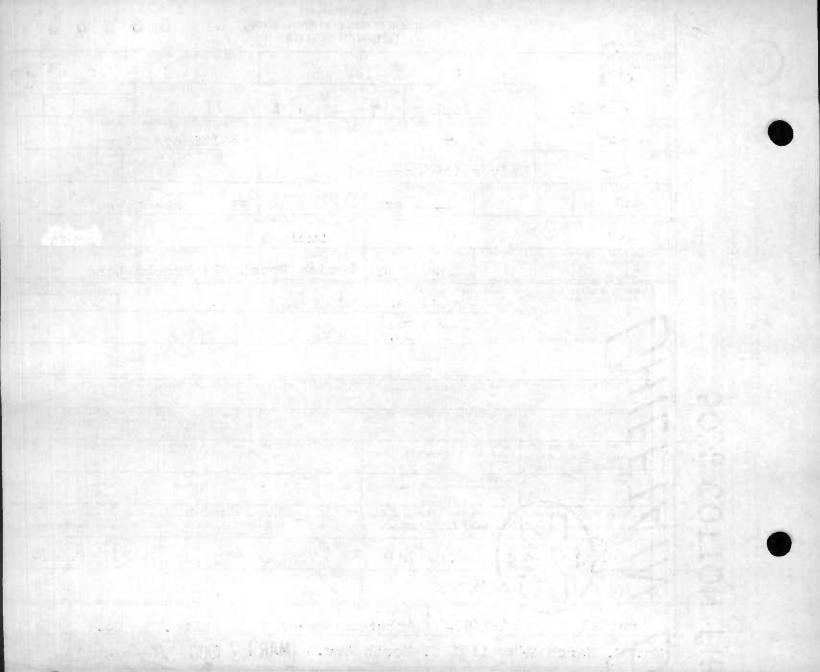
2b. HOUR

HOURS

1101 ADE North Ave.

Wm NAME C. March F/H

(VR A 15 (4)) 9/74



		V			STATE OF MARYLAND		
	-6	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.) 4
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR	25. HOUR
	y be		MARI		BELL	03 17 80	0655 M
	age 4 ma	3 SE	FEMALE	White	5. DATE OF BIRTH MONTH DAY YEAR 03 02 13	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR MONTHS DAYS 6. 7 YRS.	HOURS MIN
	neral 72 h	000	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH	MD
	by the fur ed within	10 C	Balto	11. NAME OF HOSPITAL, NURSI	NG HOME OF OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOME MAKEY	OF BUSINESS OR
MARYLAND 2120	5 5 5	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		
Q.	in 24	130	STATE 136 COUN	13c CITY OR TO	YES NO NO	13. STREET ADDRESS 8 W. Ostend 5	+
YLA	within 3 within 5 should should examine	14. F/	ATHER'S NAME	//	15. MOTHER'S MAIDEN NA	ME	
MAR	ted de Sie		Frederick w	MIDDLE W. Melle	rs Bessie	1 ono	,1
	0 0_ =		WAS DECEASED EVER IN U.S. AR			ADDRESS	
BALTIMORE,		1	TES, NO OF CHILDWAY	214-07-	93750 Mrs. Elizabet	h (Lawson, 1821/S. Hanove	r St. Balto.
OF VITAL RECORDS, 201 W. PRESTON ST.,	SPHYSICIAN: The law requires that the death certificate ing physician. This certificate has been signed by the attending physician burial-transit permit. Then please remove carbon papers, 6 Mental Hygiene prior to burial, cremation, or removal.	AL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO PART FAUL 196 CONDITION NOR WHICH THE CAUSE TO STATE THE CONTRIBUTION NOR WHICH THE CAUSE TH	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE TERM WEE ALCHO! H OPERATION WAS PERFORMED	AINAL DISEASE OR CONDITION GIVEN IN PART 110 ADUSC 200 AUTOPSY? YES NOW YES THE NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	NGS USED
•	HOSPITAL OF ATTENDING ined by the hospital or attendit ind be detached for use as the but the State Dept. of Health and OBTANT: If Item 21 is market	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasping the deceased alive and the deceased alive alive and the deceased alive alive alive alive and the deceased alive al	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, stal) attended the deceased from, 3/7 19-19 view the bagy after death.	FARM, ETC.) 211 LOCATION STREET	city of town county o. to	
	shoot reta	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
[]	BP		SMECHEY) Burial	March 20, 1980	Mt. Olivet (emetery	Baltimore, Mary	land.
230	DHMH-16 25M (VRA 15, 4) 1/79	M	uneral director willy Funeral	Home, 130 E. Fort	Ave. Balto. Md. 1250. DA	R.1 9 1980	Creaty

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000 the Committee Lainel Hospital Bultimore, No. X TO SALE STORY (CONTROL LANGE VIEW) TRACE IN THE STATE OF THE STATE Wells, by Justenlindenk and the state of t 3/11/ED S. Yare's Let den deltim m .69 Latros A. Also soits. It. Parts, Hore 3816 Folland Ave.

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			MONTH DA	AY YEAR	LAST BIRTHDAY) MONTHS		DURS MI		DATE ONOUNCE DEAD	D	2	24 19	
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	ITY OR TOWN		11. NAME OF H	IOSPITAL, NU					o. USUAL	OCCUPAT	ION (TYPE O	DF WORK	12b. KIND C	F BUSI
	Baltimo:	*6	Souther	n Poli		tion (c	11 hl	ock)	Fin	e Ir	1S.		Ship	yal
USL	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSIO	N)		-					-	
130.	Md -	13b. COUN	414	Bal	timore) YE	INSIDE CITY LI	MIIS? 134	1635	ADDRESS Che	errv	St	. 212	26
14. 1	ATHER'S NAME		WIDDLE		LAST		MOTHER'S	MAIDEN		MIDDL			LAST	
	_	mes		enfor		1 001	PIKST	Myrt:	le	MIDDL		W	agner	
160.		DEVER IN U.S. AR	MED FORCES?	16b. SOC	CIAL SECURITY		NFORMAN				ADDRESS		01 :	~ .
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Г	18. CAUSE C	F DEATH (Enter or	nly ane cause per l	line far (a), (b), and (c).)		11 - 59				46	560	BETWEEN	MATE IN
	PARTIDE	ATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Acute	e metha	nol i	ntoxi	icati	on					
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FICATION		GNIFICANT CONDITIONS	(c)	ATH BUT NOT RELA		IAL DISEASE OR C			(o).				20. AUTO	
ERTIFICATION	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NOT RELA	ATEO TO THE TERMIN	IAL DISEASE OR C	ERFORMED)?		JRE OF INJURY	'IN ITEM 18 PAR	RT 1 OR PA	YES	
AL CERTIFICATION	PART 2 OTHER SI	OPERATION L CAUSE WAS	CONTRIBUTING TO DEA	ATH BUT NOT RELA	WHICH OPERA	TION WAS P	ERFORMED	O?	ENTER NATO				YES	
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	3	FOR T - STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE U 0 6 3	6 7
9 F 9		REGISTRAR DECEASED NAME FIRST [TYPE OR PRINT] ELAI	NE HARRIS	BENNETT	REG. NO. 20 DATE OF DEATH MONTH DAY March 7, 1980	YEAR 26 HOUR 8:50
e 4 may be ctor, page s after deot		3. SEX Female	4 RACE White	S DATE OF BIRTH MONTH March 2, 1891	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
eoth Pog neral dire n 72 hour	35	Maryland	76 CITIZEN OF WHAT COUL		Holtimore Lity	ATH
by the fu		Baltimore	22 S. Athol	IURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS) AVENUE	120 USUAL OCCUPATION 126	KIND OF BUSINESS USTRY LIPED
filled in nould be f	35	USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b COI Maryland	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 134 CITY OF Balts	R TOWN 13d INSIDE CITY LIMITS	? 13. STREET ADDRESS 4608 Roland Ave.	
ed withir	מכ	4 FATHER'S NAME FIRST Lewis	H. Benne	tt Harriet		ston
n ond co Pages 1		60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) HIF YES, G	ARMED FORCES? 166 SOCIAL 212-22	SECURITY NO. 17 INFORMANT -4421 General Ge	22 S. Athos Ave. rman Aged Peoples Home	3
es that the death certifica red by the attending phy please remave carbonpa urial, cremotion, or remave co other traumatic event		Conditions, if ony, which gove rise to immediate couse 10. stating the underlying couse lost.	ONLY TO OR AS A ON	sequence Belprofute +	ERMINĂL DISE & E OR CONDITION GIVEN IN P	APT LIN
The low requiritions is the hos been signification of the prior to be shows only injury shows only injury injury.	2	190 DATE OF OPERATION	19b CONDITION FOR V	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH NO
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OR ATTENDING Pe hospital or atter the DIRECTOR, after the ched for use as the Dept of Health and them 21 is marked		220.1 certify that (1) (this has	pital) attended the declased on the view the body atter death.	ond that in (my) (our) opin		om the couses state
		SICIAN'S NAME LTYPE	J. Myon	M. ADDRESS	S DIRECTOR PHYSICIAN	Monch S
TO HOSPITAL Cretained by the TO FUNERAL D should be detected with the State DIMPORTALT: IMPORTALT: If		De. William	J. Bryson	5772 We	stview Mall, B ^A ltimor	e,Md. 212

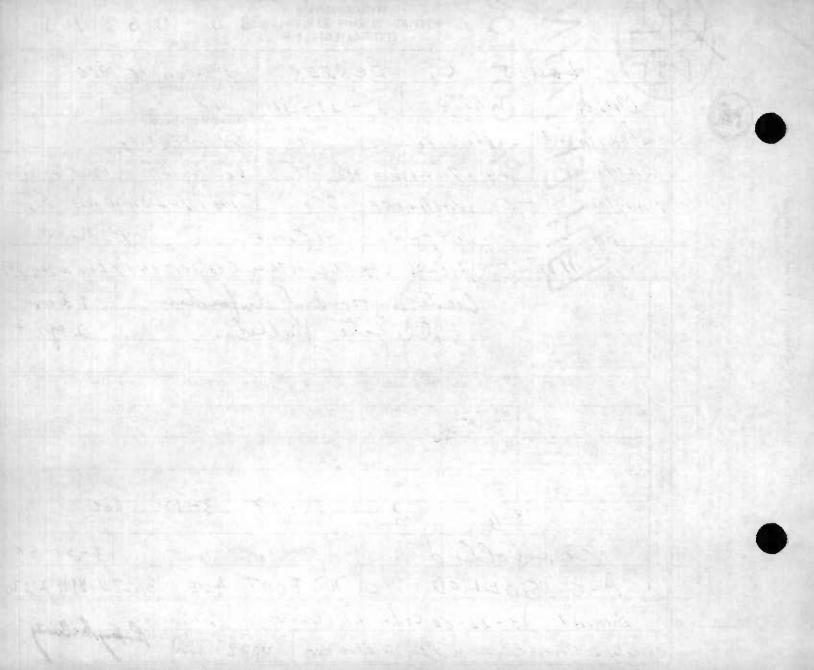
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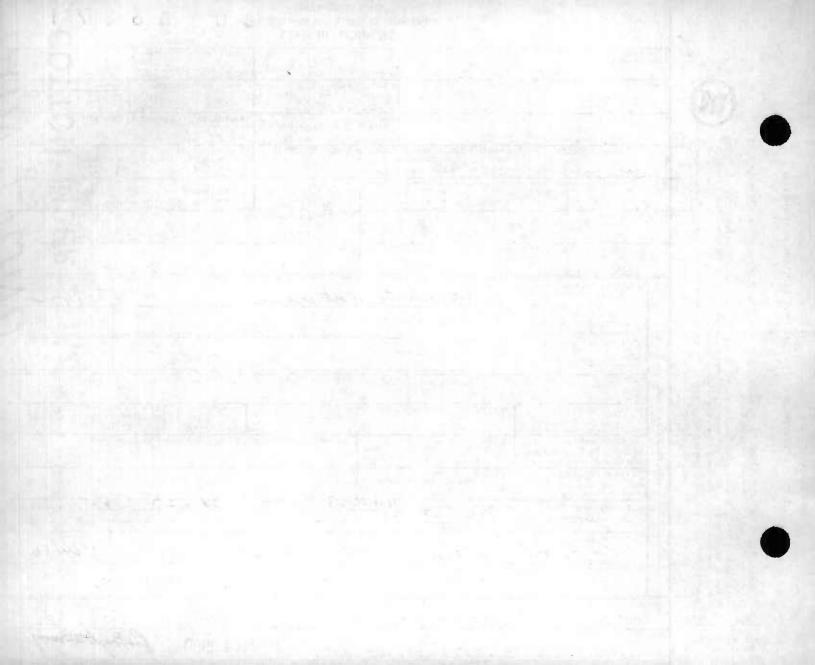
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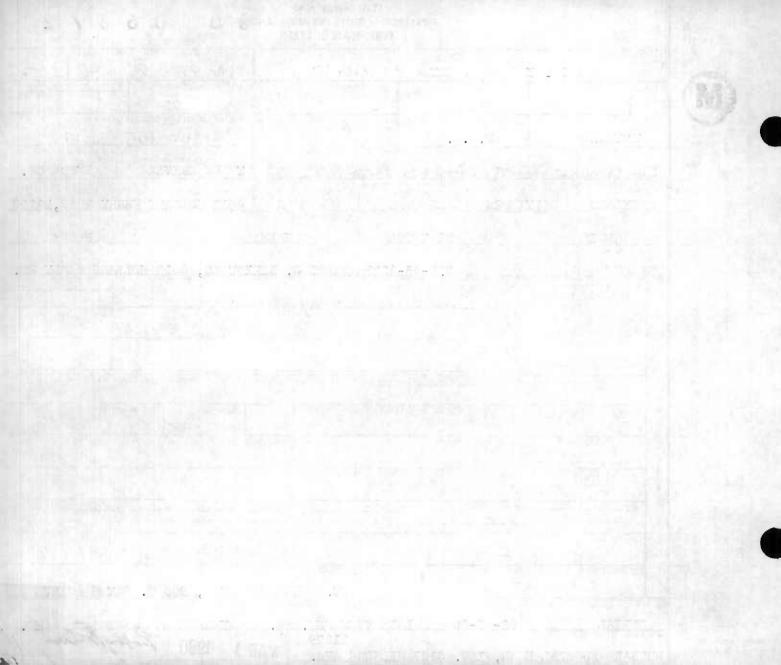
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N 7	1.	STATE REGISTRAR		DEPAKIA		CATE OF DEATH	REG. N	. U O	5 (5 9
(M)		CEASED NAME FIRST OR PRINT) DAN]	IEL	EDWARD	DEN	Sagues) OR BEN-OR	26. DATE OF DEATH MARCH 12	MONTH DA	Y YEAR	21 HOUR 2:40A
free day	3 SE		4 RACE		5 DATE O	F BIRTH	& AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Page irectours af urs af	20.01	MALE RTHPLACE ISTATE OR FOREIGN	WHI				71 • BALTIMORE CITY C	YRS	DE DE ATH	
death.	C	EGYPT	To de	RAT €OUNTRYS	MARRIED	NEVER MARRIED DIONORCED	BALTIMO	7		MD.
urs after urs after by the fe ed within	10 C	BALT IMORE	JOHN	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A S HOPKIN	G HOME O	SPITAL	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST C			F BUSINESS OR
filled in uld be fill	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MARY LAND	OTHER INSTITUTION	I GIVE RESIDENCE BEFORE BALTIMOR	N I	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	APT HTS.	. 208 AVE.#	21215
AARYL ted with the 2 should 2 should be should be	14 FA	THER'S NAME FRST TZCHACH Itzch	MDDLE ack	SAGUÊS		15. MOTHER'S MAIDEN NA FIRST SARAH			grisa. RCRIOS	
MORE, A D Ond Ebe executed by ages I are the med	láe V	VAS DECEASED EVER IN U.S. AR.		166 SOCIAL SECU		17 INFORMANT MRS	S. LEA BENCE S. AVE., APT		lian B	en-Or 5)
L., BALTI L. B. C.		IN CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse pe D BY E CAUSE (a)	rline for 101, 161, and	lem	a and a crd	0515		BETWEEN	MATE INTERVAL DISET AND DEATH
PRESTON S		5/5- Conditions, if any, which		DR AS A CONSEQUE		epsis			24	ch
in w. PRES sthat the att by the att se remove al, cremati		gave rise to immediate cause (a1, stating the underlying cause last	DUE TO, C	OR AS A CONSEQUE	NCE OF	hmonary fih.	rosis		19	r
RDS, 20 w require en signec hen plea r to beri ny injury	N O	PART 2 OTHER SIGNIFICANT O				NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVE	N IN PART 10	
IL RECORDS. 1: The law refute has been signer in the permit. Then permit. Then shows any in	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	WAS PERFORMED	YES NO		WERE FINDIN	
NG PHYSICIAN: The nding physician. Ter this certificate has be burial-transit permand Mental Hygrene and Mental Hygrene arked or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	DE INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT (OR PART 2)	MAL.
DIVISION OF VITAL IDING PHYSICIAN: strending physician. After this certificate is the burial-transit pe ith and Mental Hygrer marked or Item 18 s	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
or or or see Hea		22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	3/17	19 5	· U . an	d that in (my) (aur) apinian	death occurred on the d	2 1 ate and hour		that (I) (we) last causes stated
TAL OH AT the hospital AL DIRECT etached for ste Dept, of		226 SIGNATURE	7	Me		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN DE	220 DATE	SIGNED
HOSPI- ined by FUNER Jild be d i the Sta		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	Ella		Vohrs H	epkins			
BP————————————————————————————————————	23o. [BURIAL, CREMATION, REMOVAL SPECEY) BURIAL	23b. DATE	B/A		METERY OR CREMATORY RE HEBREW	REISTE	RSTOWN	BALT	O. STATE MD
DHMH-16 25M (VRA 15, 4) 1/79	100	UNERAL DIRECTOR SUL I	LEVINGON	BALTO.		21215 MA	R 1 8 1980	254	y had	ready

Dr. 28 CJ 65-CA 20 . V1.0 25 was a series of 188 - 141





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P	I. DE	REGISTRAR CEASED NAME	FIRST	WIDDLE		LAST		REG. NO 20 DATE OF DEATH	O. DA	Y YEAR	Th HOUR
1		OR PRINT)	ENRY	HARRY	BER	IGTOLD		March	2	1980	231
CRA)	3. SE	X	4.	RACE		OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
THE T		MALE		WHITE	12	21	04	7.5	YRS.		MIN MIN
3C 25		IRTHPLACE (STATE OR FOR OUNTRY)	EIGN 7b.	CITIZEN OF WHAT COL	MARRIE	D NEVERMA	ARRIED -	BALTIMORE CITY O	R COUNTY O	OF DEATH	
1 1	10.0	MARYLAND ITY OR TOWN OF DEAT	11	U.S.A.	WIDOW		DRCED	BALTIM	ORE	CITY	MD.
led at	T	PALTIMORE	1	NAME OF HOSPITAL,	VE STREET ADDRESS)	SOITA	UTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TRUCK DRIV	F WORKING LIFE)	INDUSTRY	JR CO.
4	JUSU 130	AL RESIDENCE (IF NURSIN		HER INSTITUTION, GIVE RESIDEN		A124 INICIDE CIT	VIIIIITEO II	3e STREET ADDRESS		111110	311 00:
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in i		ATHER'S NAME	MIDI	NE I	AST	15. MOTHER'S A	MAIDEN NAME	WIDDLE		LAST	1 1 1 1 1 1
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Z medica		KNOWN			-05-4223	PEARL	C. BERI	GTOLD, 401	3 HOLI	INS FE	RRY RD.
t, the		18 CAUSE OF DEATH	Enter only	one couse per line far (a)	(b), and (c)						ATE INTERVAL
even		PART I. DEATH WA	S CAUSED B	/ /3 /	io Pula	nonary	grre	st			
or o		410-		DUE TO, OR AS A COL	NSEQUENCE OF						
tion, oum		Conditions, if any,		(b) ? Pe	ssible	W.I.	ann	Lythmia - V.	Tech.		
emo ner fr		gave rise to imme cause (a), stating	the "	DUE TO, OR AS A COL	NSEQUENCE OF			0			
ol, crer r other		underlying cause	lost.	(c)							
lury, o	z	PART 2 OTHER SIGNI	FICANT CO	nditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED T	O THE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART Ita	
- yu	CERTIFICATION	19a DATE OF OPERATION	NC	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORA	MED	200 AUTOPSY?	20b. IF YES,	WERE FINDING	SS USED
ows or	1 💆							YES NO NO	IN CERTIFY	ING CAUSES C	P DEATH?
Mentol Hygie or Hem 18 sho	EE	21a. ACCIDENT WAS UNDER	RLYING	216. TIME OF INJURY		21c HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJUR			
E 9		OR CONTRIBUTING CA		HOUR A.M. MON'	TH DAY YEAR						
	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE OF INJURY		211. LOCATION	1		9 10 10		
rked	W	WHILE AT WORK AT WORK	E	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET		CITY OR TOW	N	COUNTY	STATE
E		22a.1 certify that (1) (t	his hospitol)	ottended the deceased			19.80	, to 3 3	, 10		ot (I) (we) lost
21		sow the deceased abave, (1) (we) (dia	alive an	ew the bady after death	19 80 . 0	nd that in (my) (a	iur) opinion de	ath accurred an the do	ite and haur i	and from the co	uses stated
Hem		226. SIGNATURE	0	1 /		DEGREE	blem.			22c. DATE S	GNED
T: If		U.	21	ian.			TENDING HYSICIAN	MEDICAL STAF		3/2/	80 .
TANT:		22d. PHYSICIAN'S NAM	AE (TYPE OR PR	NT) PULL	1	22e ADDRESS					
with the Sto		1	K. G	1. SHAT	1	ST. AG	NES HOS	SPITAL, 900	S. CA	TON AVI	ENUE
3 ₹	230	BURIAL, CREMATION, RE	MOVAL	73b. DATE	23c. NAME OF C	EMETERY OR CR		23d. LOCATION CITY OR TOWN		OUNTY	STATE
13		BURIAL	F 18	03-05-80	LAKE V	TEW MEM.	PK.	SYKESVILI		ROLL	MD.
/76	24 F	UNERAL DIRECTOR			RESS	21229	250. DATE F	REC'D. BY REGISTRAR	251 (1995)	WALE.	Ego.
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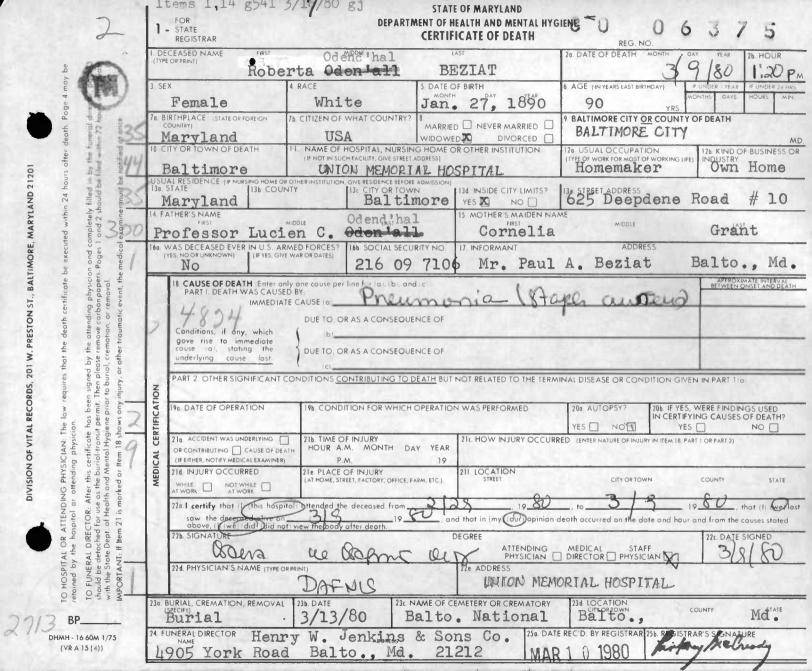


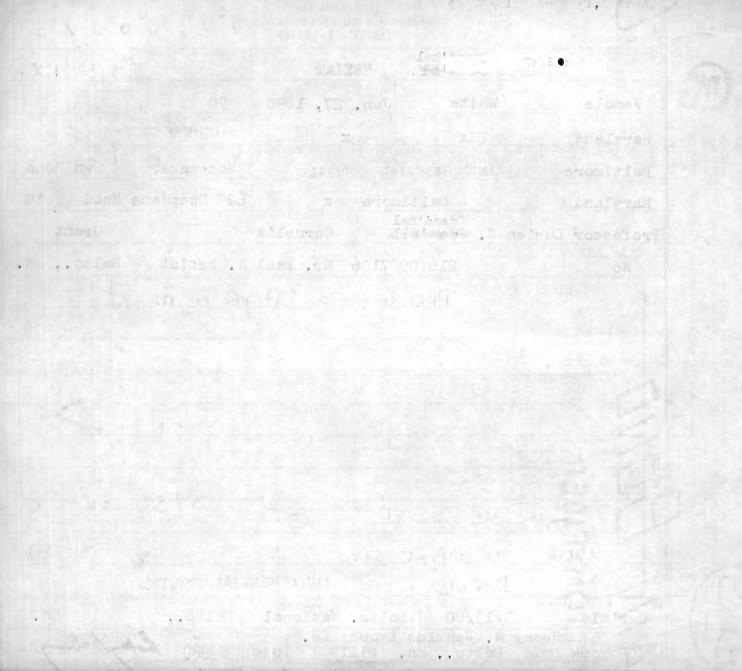
4	SIMIL		AAFF	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.									
1 2	REGISTRAR	FIRST	MEL	MICAL EXAMINI					G. NO.				
	PE OR PRINT)	CLEVE	LAND	H.		VERLY		OF ESTI- DEATH MATE			80 26 HOUR		
3. SE	x ale	1 RACE negro	S. DATE OF BIRTH	YEAR LAST BIRTHDA 20 59 YR	Y) MONTH	DER 1 YR. IF UNDE		2c. DATE PRONOUNCED DEAD	монтн	DAY	YEAR 24 HOUR 5:46 p M		
7a. E	BIRTHPLACE (S' OREIGN COUNTRY) MD		76. CITIZEN OF WH		0	D NEVER MARI	RIED	Baltimore C	ITY OR COU	NTY OF DEA	тн		
00	Baltim	ore	11. NAME OF HOSE (IF NOT IN SUCH FACE 714 N.	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) Fremont Ave	, OR OTHE		12a. USU	AL OCCUPATION OST OF WORKING LIFE	TYPE OF WORK	12b. KIND	OF BUSINESS DUSTRY		
13a.	MD	13b. COUNT		ERESIDENCE BEFORE ADMISSION BALTIMOR	e e	3d. INSIDE CITY LIMITS? YES INO □		8 N. L	ongwo	od St	reet		
0	Rando.	lph	MIDDLE	Beverly		Eliza 7. INFORMANT	DEN NAME		Childs				
160.	WAS DECEASE! YES, NO, OR UNKNO	D EVER IN U.S. ARM		166. SOCIAL SECURITY 217-16-4		Romaine	R. E		1208	N. L	ongwood		
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TIFICATION		GNIFICANT CONDITIONS C	(c)BONTRIBUTING TO DEATH B		NAL DISEASE		PART 1 (α).			20. AUT			
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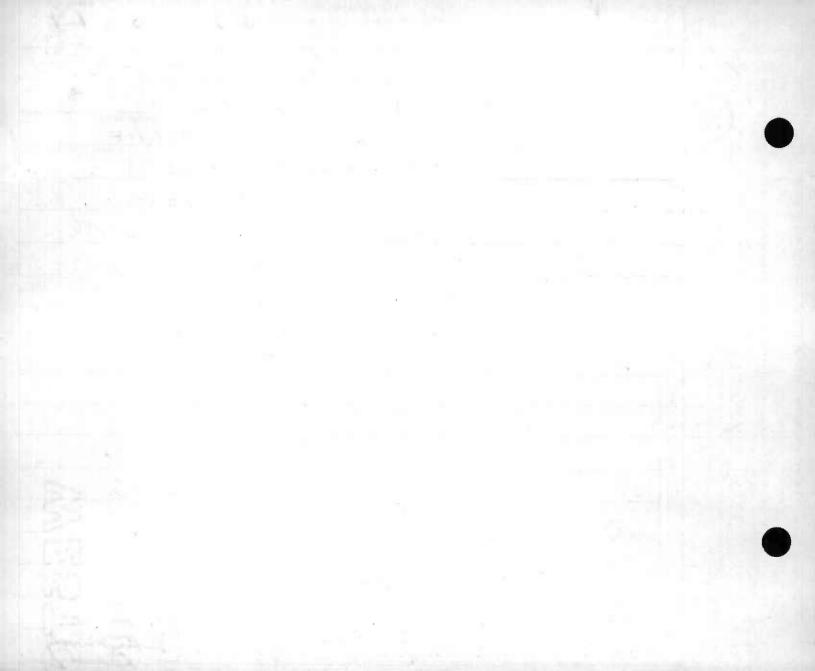
				STATE OF MARYLAND		
6	1	FOR - STATE REGISTRAR		OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE ()	06374
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age 4 ma rector, pa irs after d	SE /	nale	BLACIC SO	ATE OF BIRTH MONTH DAY VEAR VEAR 1892	8 AGE (IN YEARS LAST BUT	HOAT) FUNDER I VEAR FUNDER 28 HIS MONTHS DAYS HOURS MEN YRS.
neral di 72 hou	1000	IRTHPLACE (STATE OR FOREIGN PUNITRY) REYAW, S.C.		ARRIED NEVER MARRIED	BALTIMORE CITY O	ECOUNTY OF DEATH
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within 24 hc tely filled in should be fill	2	exceptend. 134 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	YES NO 1	3. STREET ADDRESS	Earleigh Hat
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e be exe		NAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES, GIVE WA		209 Mellicel	Recordo	ss
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aw requires een signed b Then pleass or to burial any injury,	NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
te has b permit. iene pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20e AUTOPSY?	20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \text{NO} \square \text{NO} \square
HYSICI physici is certif ial-trans ental H or Item		21g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY 1 P.M.	EAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
DING P ttending After th s the bur th and N marked	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E		CITY OR TOW	IN COUNTY STATE
hospital or a hospital or a DIRECTOR: hed for use a Dept. of Heal If Item 21 is		saw the deceased alive on obove, () (we) (did) (did not) v	ottended the deceosed from 19 March 14 19 19 19 19 19 19 19 19 19 19 19 19 19 1		death occurred on the do	the and hour and from the couses stated
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TO HOSPITAL retained by the I TO FUNERAL C should be detach with the State D IMPORTANT: I	22	224 PHYSICIAN'S NAME (TYPE OR PRI	W.KEED M.D.	6115.4		3AUTO Mg 21230
BP	1	Tural	3-18-80 Thele	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF YOWN	2. County May
DHMH-16 25M (VRA 15.4) 1/79	24 F	UNERAL DIRECTOR	ADDRESS.		R 1 0 1000	Tish RECISTRAR'S SIGNATURE

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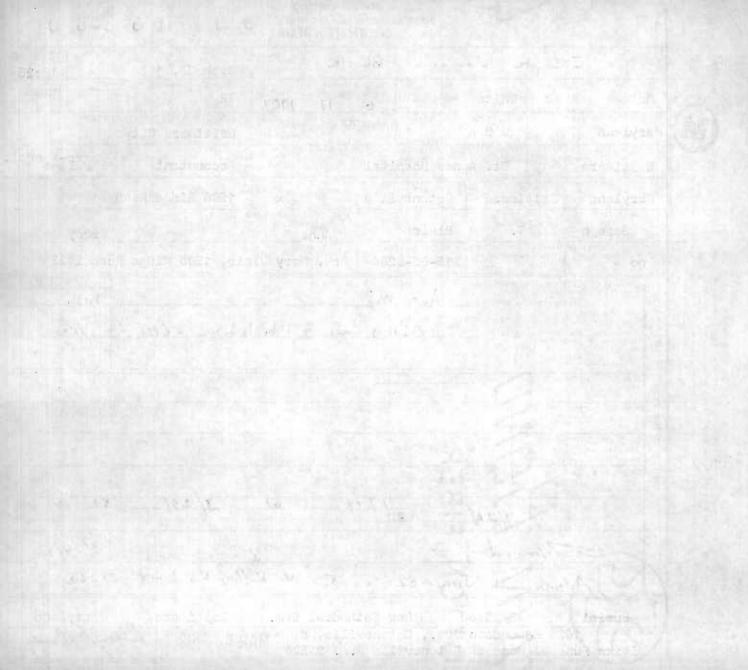


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160	NO.	RUNKNOW	EVER IN U.S. N) (IF YES, C	GIVE WAR O	R DATES)			CIAL SE		NO.	Mrs		rac	e l	[il]	le	APP1	en 00	2 Bi	Ros	e År	n Ro
2	PART 2	ave rise ause (a) s ring cause	if any, who to immediating the und last. IFICANT CONDITION	ate ler	(c)			NSEQUE			E OR CONDIT	ION GIVEN I	IN PART 1	(a).								
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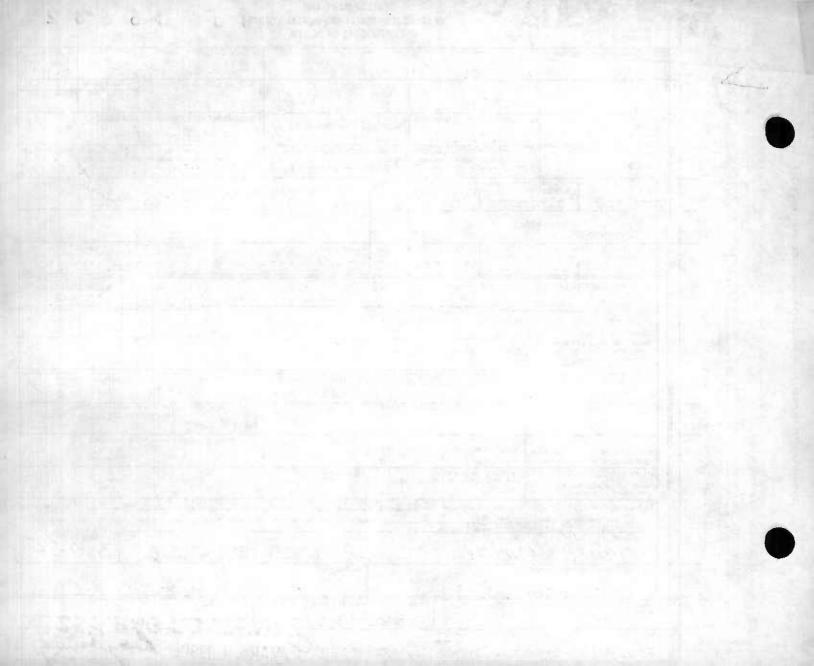
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH DAY 2b HOUR (TYPE OR PRINT) BLAIR Edward Joseph March 23, 1980 10:25 ~ 5EX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS Male White 72 6 1907 17 BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED O CITY OR TOWN OF DEATH). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION kind of Business or Hendel. 120 USUAL OCCUPATION St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
ACCOUNTANT Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 3c. CITY, OR TOWN. 13d INSIDE CITY LIMITS? 130 STREET ADDRESS Road Maryland Catonsville 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Blair Joseph Brady Anna ADDRESS 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-03-0284 Mrs. Mary Blair, 1506 Ridge Road 21228 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for ioi, ib), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF A Fibrilation - CHF Canditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 0 CERTIFICATION 90 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES [burial-transit p Mental Hygier sho 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 716 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from 80 saw the deceased alive an, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should by IMPORT/ 500 N. Rolling Rd. Md. SONMEZ 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial Baltimore, 3/26/80 New Cathedral Cem. Maryland 24 FUNERAL DIRECTOM 630 Edmondson Avenues Catonsville, Md DHMH - 16 60M 1/75 (VR A 15 (4)) Witzke Funeral Home of Catonsville P.A. 2122



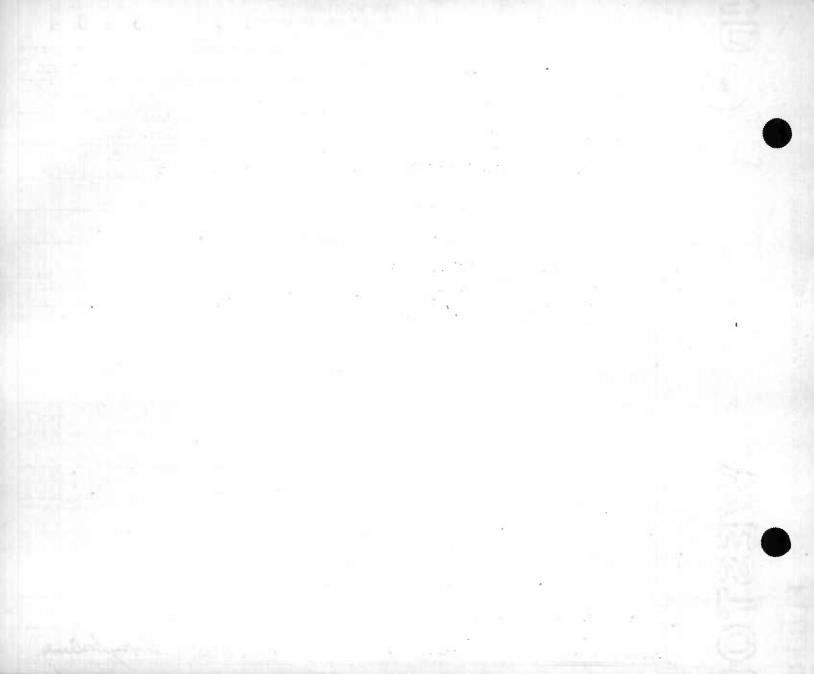
9	1.	FOR STATE REGISTRAR				HEALTH AND MENT FICATE OF DEAT		NE 8 ()	0.	6 3	8 1
		CEASED NAME	FIRST	MIDDLE		LAST	2	DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
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may b page	3 SE	x		RACE	5. DATE	OF BIRTH	6.	AGE IN YEARS LAST BIR	_	UNDER 1 YEAR	IF UNDER 24 HRS
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/ S BP		Burial		3/21/80	Md. Na	t'l Mem.	Pk.	Laurel,			Md.
DHMH-16 25M	24 F	UNERAL DIRECTOR					250 DATE R	EC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE
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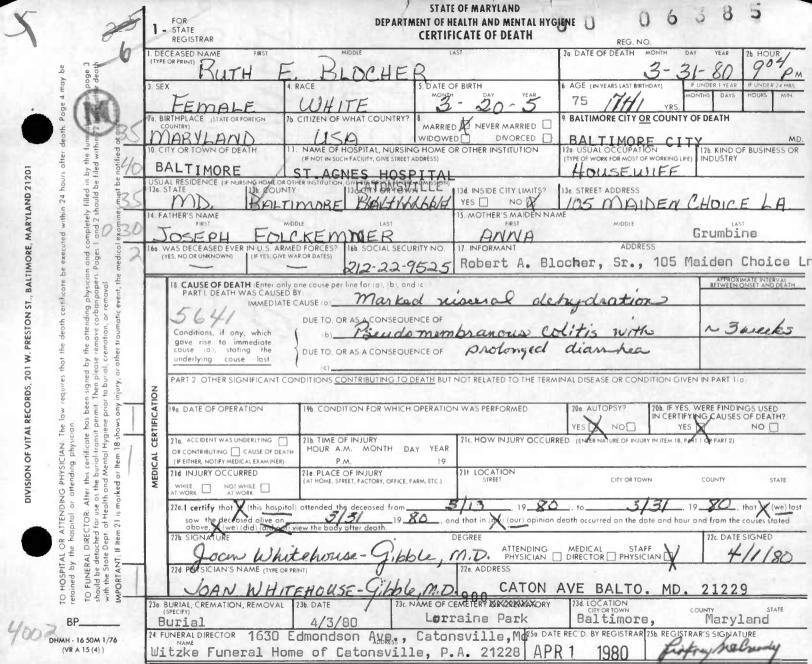
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7	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
0) DE	REGISTRAR EASED NAME FIRST '	MIDDLE	LAST		REG. NO.	DAY YEAR 75. HO				
	TYP	OR PRINT) John Lou	iis	Blattau	C TO OF	ECT!	14,9 80				
3	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH		JNDER 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d. He				
į	m	ale white	Aug. 27,1901 78	. Moining Data 110	PRONOUN DEAD	CED 3	14 80 at 0				
ł	7a. BI	THPLACE ISTATE OR EIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER	MARRIED . 9. BALTIM	ORE CITY OR COUNTY	OF DEATH				
1	IV	aryland	USA		NORCED BE	altimore Cit	-у				
		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA	NE, OR OTHER INSTITUTION	FOR MOST OF WORK		OR INDUSTRY				
31			Hilton Parkway	S LOOM II	Self-En	nployed A	Automotiv				
T	30. S	ATE 1136. COUN	TY 13c. CITY OR TOWN	13d. INSIDE CITY LI	MITS? 130 STREET ADDRE	55	2 - 3 0406				
-10-		ryland Bal	timore Catonsv		MAIDEN NAME	rederick F	(oad 2122				
1		John	L. Blattau	FIRST	MI	DOLE	LAST				
1	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURI	TY NO. 17. INFORMAN	Unkr	ADDRESS	# 13				
ł	(YE	S, NO, OR UNKNOWN) IF YES, GIVE	WAR OR DATES) 217-01-	2893 Mrs.	Elizabeth A	. Blattar					
ŀ		18. CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and (c).)	20/2/11/200	DIII DA CO OII I	I DIG GGG	APPROXIMATE INTERV				
1		PART I DEATH WAS CAUSE	DBY: TE CAUSE (a) Multiple inj	uries			BETWEEN ONSET AND DE				
1		8/30	DUE TO, OR AS A CONSEQUENCE								
DR. PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE D. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION		Conditions, if any, which gave rise to immediate	(b)								
REA		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF							
			(c)								
	N	PART 2 OTHER SIGNIFICANT CONDITIONS									
1	ATIC	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPE		20. AUTOPSY?						
1	TIFIC			YES XX NO							
1	CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	D	CURRED (ENTER NATURE OF INJ		2)				
	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF I			auto/lost co	ntrol/fixed	object				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	vn count	TY ST				
1	*	AT WORK AT WORK	x roadway	HiltonPark	way Bal	timore City	, MI				
2		22a. I certify that I taak charg	e af the remains described abave, held an	Autopsy , Ins	spection . Inquiry	, and in my opini	ion				
1		death resulted fram: Natur	Accident XX S	vicide , Hamicide	Undetermined ma	nner .					
		TITLE (SPECIFY)									
-		ACTUAL SIGNATURE	Policion	Assist	ant MEDICAL EXAM	INER DATE SIGNED.	3/14/80				
)		EXAMINER'S NAME TO THE	mag D. Guard M 5	4.4							
-		(TYPE OR PRINT) HOLT	mez R. Guard, M.D.		1 Penn Stree	t,Baltimore	,MD				
12	(SI	RIAL, CREMATION, REMOVAL 2	1 1-	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY					
-	24. FI	Burial	3/17/80 New Ca	thedral	Baltimo		Maryland				
Г		NAME	ADDRESS October			P. L. A	100				
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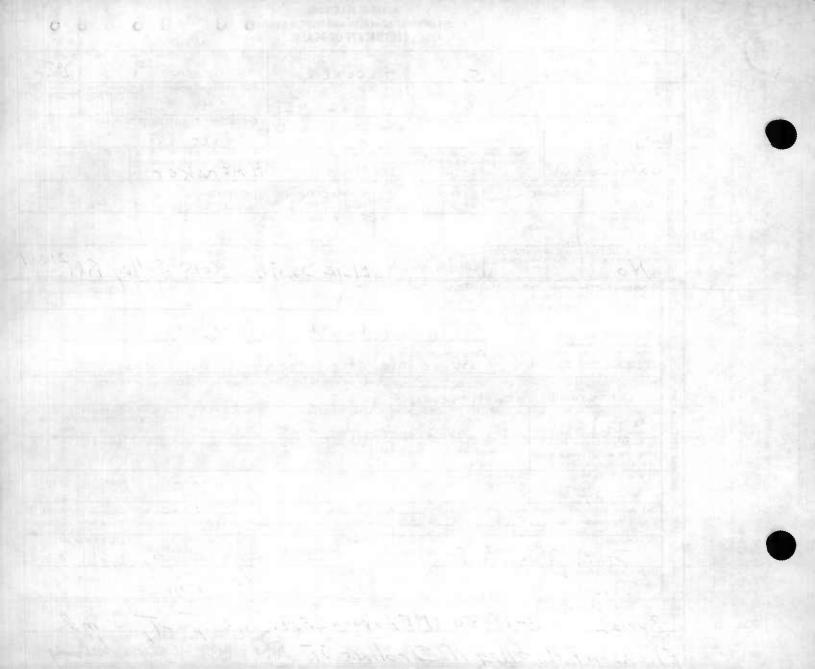
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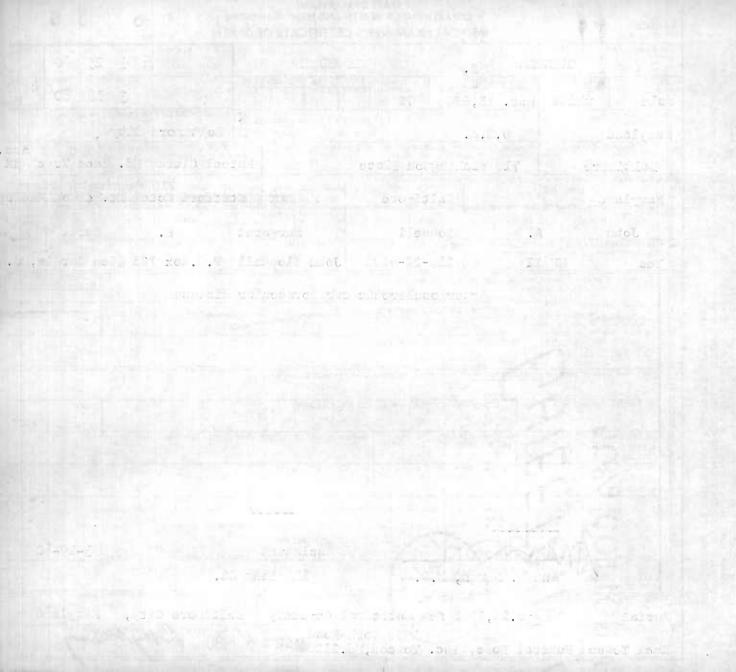
		FOR		STATE OF MARYLAND		101
(88)	1.	STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 0 0
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may , pag	3 SE	X	4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
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dat of		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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by the fued within	10 C	Baltimore aty	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Un IVESSIFU	RSING HOME OR OTHER INSTITUTION REET ADDRESS) OF Md. HOSP	120 USUAL OCCUPATION 13796 OF WORK FOR MOST OF WORKING LIFE HOME NA KEY	12h KIND OF BUSINESS OR INDUSTRY
24 hou 24 hou be file	USU 13a	AL RESIDENCE IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE LE	FORE ADMISSION) OWN 1134 INSIDE CITY LIMITS?	130. STREET ADDRESS	
S cia		Md.	0 11	more YES A NO	600 Light S	+ Balt. 2123
within within stelly file should should	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME J	
O GES de les		W/a	whole (ASI	nla.	MIDDLE	ŁAST
BALTIMORE, MARYLAND 2120 ifficate be executed within 24 hour yisician and completely filled in by apers. Pages 1 and 2 should be filed noval. event, the medical examiner must		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRESS	. 21061
n and Pages		No	214-12.	8868 FISIE Smil	h 8018 Sol	EV BRILLOS
ficate ficate sicial series.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 40 4 5		PART I. DEATH WAS CAUSE IMMEDIAT	ECAUSE 10) Cardia	ac arrest		
death death carbon on, or traum:		4141	DUE TO, OR AS A CONSE	QUENCE OF		
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requires requires sugned to burial to burial y injury,	,	1	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
is been any many was any	δ	arterial	insufficien			
: The law re-	V.	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
AN: an. cate it pe ygier 18 st	CERTIFICATION	3 3 80	Thrombos	sis tem pop bupas		NO []
SECIA hysician certific certific transit ntal Hy		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR THOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT (OR PART 2)
PHYS ag phy urial-t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19 21f LOCATION		
DING trendii After s the b th and marke	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
TEN I or a TOR: Use a Heal		220.1 certify that (1) (this hospit	2 1 0	On I		19, that (I) (we) fost
		saw the deceased ofive on, above, (i) (we) (did) (did no	1) view the body ofter death.		death occurred on the date and have	and from the causes stated
BPITAL OR AT 1 by the hospital IERAL DIRECT e detached for e State Dept. of TANT: If Item 3		226. SIGNATURE	7 01 h	DEGREE	MEDICAL STAFF V	22c. DATE SIGNED
E > E D E Z		Porothy	man M.D.	PHYSICIAN	DIRECTOR PHYSICIAN	319/80
HOSP ined by FUNE Jid be of the S		224. PHYSICIAN'S NAME PYPE'O	PRINT)	22a ADDRESS	G. Direct	
TO HOSPITAL OF A retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If Item		Jorothy.	1. Snow	7 01	en st 21201	
2 = 1	230.	BURIAL, CREMATION, REMOVAL		JL NAME OF CEMETERY OR CREMATORY	23d. LOCATION City OR TOWN	COUNTY 3 STATE
(20) BP		BURIAL	3-10-80	MT. AUBURNCEM,	VIES/port.	md.
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDIKESS	25a. DA	TE REC'D. BY REGISTRAR 25b. RÉGISTE D. 1. 1. 1000	1 1-0 .
(VRA 15, 4) 1/79	E	11CKSONT, H.	-1129 N.C	ArolINE 11. MAI	1 T 1380 100	ray Milreody



			FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 0 0 6 3 8 7
0		1.	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
V		I. DE	CEASED NAMEGEO FIGE	Edward BLOCKINGER ST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
	y be		GEORGE	E E. BLOCKINGER 3-4-80 NIOREM
	O B	3 SE		4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 7
	ap 4.		Male	Caucasian 10 7 10 69 YRS
•	de of the part of	76 B	NATHPLACE (STATE OR FOREIGN OUNTRY)	16. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTY OF DEATH WIDOWED XX DIVORCED BALTIMORE CITY MD.
	s offer of	10 C	PALT MORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTH BALTIMONE GENERAL HOSPIMA 120. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY Gen. Motors.
MARYLAND 2120	tely filled in 2 should be in iner must be	M	STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JINTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME
MAR	and and sed w)	(ÛNKNOWN)	Blockinger. Elizabeth (UNKNOWN)
BALTIMORE,	n ond co Pages 1	160		
S, 201 W. PRESTON ST.,	requires that the death certificate be signed by the ottending physicio. Then please remove carbampopers, or to burial, cremotian, or removal. injury, or other traumatic event, the	ION	Canditions, if any, which gove rise to immediate cause ial, stoting the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (c) July on Court in the terminal disease or condition given in Part 1(a)
AL RECORD	he low re lan. has been to permit. I iene priar laws ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITAL	ding physical straight of the physical straigh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	
DIVISION	ING PHYSICIA r offending pl Mer this certif as the buriel-t ith and Mentol orked ar Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
	In at the haspital oby the haspital ober at DIRECTOR. A detached for use Stote Dept. of Heal in the mall is mall.			poital) attended the deceased from
	TO FUNE should be with the SMM IMPORTA		BARBARA	K. COULEY SOUTH BALTIMONE GENERAL DOSPITAL
	5 € § § ₹	23a. 8	BURIAL, CREMATION, REMOVAL	CITY OR TOWN STATE
2533	BP		"Burial \	8 Mar 80 Cedar HilleCemetery Brooklyn AA MD
	MH - 16 50M 1/76 (VR A 15 (4))	24 F	ingleton Fu	neral Homeoress Glen Burnie MDMAR 7 1980

C Section State Blockship St. singleron Funoral mome, with Bornie, world,

DEPARTMENT OF HEALTH AND MENTAL HYGJENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-CARROLL BLONDELL 3 DEATH MATED В. 6. AGE (IN YEARS IF UNDER) YR. 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 24 HOUR YEAR LAST BIRTHDAY) PRONOUNCED ,.80 Mar. 13,1908 white DEAD male 72 YRS TA BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City U.S.A. DIVORCED Maryland WIDOWED PAGE 5 E FILED, V 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS S II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Race Track XX FOR MOST OF WORKING LIFE Baltimore 716 Washington Place BE RETAIN RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 716 Washington Place 13a. STATE 13c. CITY OR TOWN 13b COUNTY 21201 Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST OF VIT John Blondel1 Burke Margaret M. 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-28-0188 John Blondell P.O.Box 728 Glen Burnie, Md. WW II Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which SAL EN BURIAL TRAIN AND MENTAL P gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES 🗌 NOXX 3 SHOULD BE DEPARTMENT (21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 20 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME 211. LOCATION 21d, INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOUID BE FOR TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE SHALLINGRE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry Notural causes XX Homicide Undetermined manner death resulted from TITLE (SPECIFY) 3-19-80 DATE Assistant SIGNATURE MEDICAL EXAMINER Ann M. Dixon, M.D. Ill Penn St. EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland Baltimore City, Mar. 28, 1980 New Cathedral Cemetery Burial Ruck Towson Funeral Home, Inc. Towson, Md. 2120 MAR 2 8 1980 24. FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5)) 15M 7/77



26 HOUR

HOURS

12b. KIND OF BUSINESS OR

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22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

DAYS

6:40pm

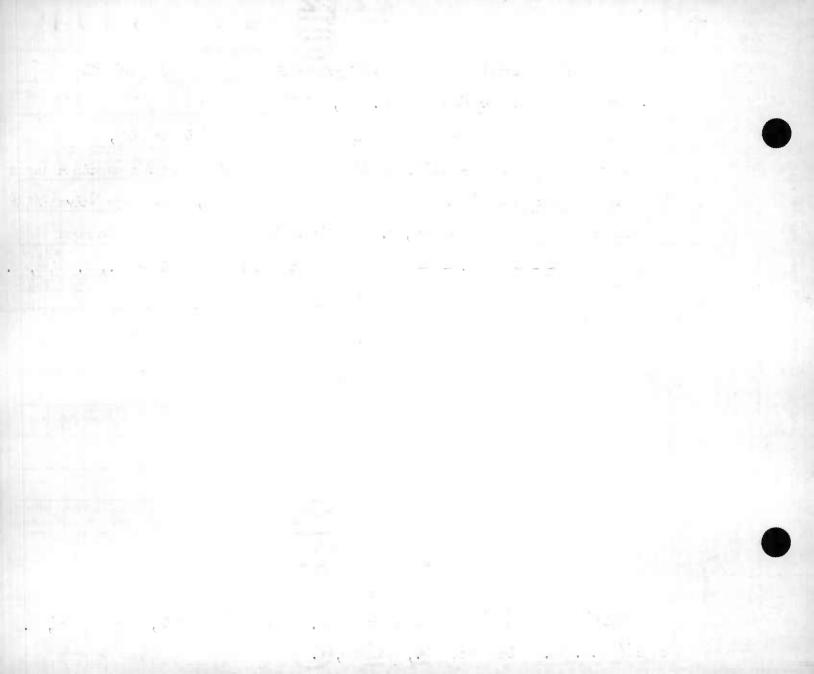
BP DHMH - 16 25M (VR A 15 (4)) 9/74 Burial

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.e.y Shelvish Sallimore Dity and Summer Late Appriland Squarest Princess Anne x annies Squarest . Di como nitila remondant bold, no so monasi - sto vos - 31-739 Buries "122/1900 11 Joint conia sincers Austrinopenting

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE (TYPE OR PRINT) 55 Arthur Thomas Boemmel. 6 3. 5EX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) Sept. 14, 1900 Male White TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS LTYPE OF WORK FOR MOST OF WORKING LIFE Beth. Steel Baltimore Baltimore City Hospital Machinist DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136/COUNTY 7226 Waldman Ave. 21219 13d INSIDE CITY LIMITS? Baltimore Md. Edgemere 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walburger Jenior Arthur Boemmel 166 SOCIAL SECURITY NO. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) NO Pearl B. Boemmel. (same as line 213-07-4594 IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL Conditions, if ony, which gove rise to immediate couse to stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) EITY OF TORN COUNTY STATE NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE THE DATE SIGNER ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHASICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Bel A 19/80 Air, Maryland Air Memorial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Duda-Ruck, Inc., Baltimore, Maryland (VR A 15 (4))

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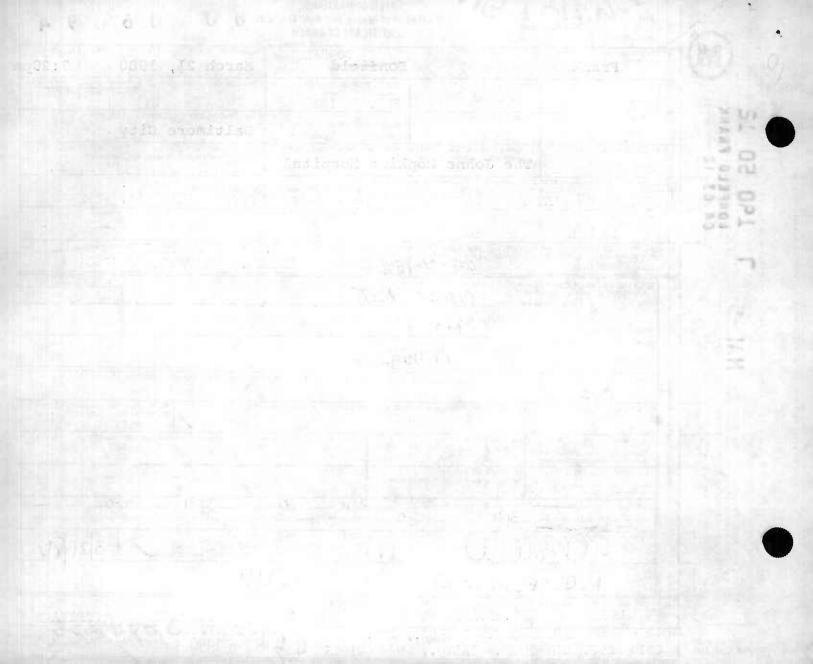


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2s. DATE OF DEATH I. DECEASED NAME 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 25 HR hite emale TO BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland DIVORCED TO CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Office Manager Real Estate HOSPITAL SINAT JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Cross Kate Millard MIDDLE Armacost 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT [(IF YES, GIVE WAR OR DATES] 220-07-0434 John Hagerman, nephew, 3645 Chesterfie CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION DIVEN IN PART HO IN CERTIFYING CAUSES OF DEATH? YES [NO IT THE HOW INJURY OCCURRED (ENTER NATURE OF MULTEY IN THE IR. PART I OR PART 2) 71e. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR DE CONTRIBUTINO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINERS THE LOCATION 214. INJURY OCCURRED He. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK Illa I certify that (I) (this hospital) attended the d and that In (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 27h SIGNATER PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRE 236. BURIAL CREMATION, REMOVAL IJI. NAME OF CEMETERY OR CREMATORY Md STATE Burial Baltimore Parkwood Cemetery 3331 Brehms Lan & 50. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUSCHTHUNEK Funeral DHMH - 16 50M 7/77 1980 (VR A 15 (4)) Balto . . Md . 21213 Home. Inc.

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(M)		CEASED NAME FIRST ORPRINT) Frank		MIDDLE	_	BONFELD	March 21,		26. HOUR
lay b	3 SE		4 RACE		5. DATE C		MATCH ZI,	1980	7:29pm
ge 4 m ictor, f	3 2E	MALE	WHIT	E	MONTH		60	MONTHS DAYS	
Parent of the state of the stat		RTHPLACE (STATE OR FOREIGN OUNTRY) ALABAMA		WHAT COUNTRY?	MARRIE	NEVER MARRIED	Baltimore City or Col	JNTY OF DEATH	440
by the furnithment of the furnit		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION HOSpital	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK CLERK	ING LIFE) INDUSTR	OF BUSINESS OR
AND 212	MA	AL RESIDENCE (# NURSING HOME OF STATE 1312 COU RYLAND BAL		N. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN RANDALLST		YES NO	13n STREET ADDRESS 9906 CERVIDAE	APT. 1 E LA. #21	133
mARYL cuted with		THER'S NAME FIRST SAMUEL	MIDDLE	BONFELD		15. MOTHER'S MAIDEN NAME RAE	MIDDLE	MEINK	AST
TIMORE to be exerted an and or Pages 1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (# YES, GN NO	RMED FORCES?	028 - 0/-			NANCY KORNHAU VE., ROCKAWAY,	NJ 0786	
certification physicic papers.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS)	nly one couse pe ED BY: TE CAUSE (a)	CARDIAC	KOR	भ		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
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TO HOSPITAL OR Arretained by the hospital TO FUNERAL DIRECthough the state Dept. of IMPORTANT: If Item		22d. PHYSICIAN'S NAME (TYPE	DRPRINT)	MD	N	PHYSICIAN [2 5	4/80
P P F € ₹ ≧	{	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	MAR. 23	,1980 ARI	INGTO	EMETERY OR CREMATORY ON (CHIZUKAMUN		and the same of th	STATE VRYLAND
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR SOL	LEVINSO WN RD.	N & BROS. BALTO., I		21215 Z50 DATE MA	R 2 6 1980	BISTRAR'S SIGN	Credy



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a DATE OF DEATH TYPE OR PRINTI BONNETT 14, 1980 HUGH MARCH 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE Jan 23, 1916 HOUR5 Male White BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA W. Virginia DIVORCED & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION TO KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Carpenter Baltimore 1607 W. Lombard St. Sand & Gravel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS Lombard St. Maryland Baltimore YES X 14 FATHER'S NAME IS MOTHER SMAIDEN NAME MIDDLE MIDDIF Grinalds Lissie James Bonnett 21223 ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 232-22-3861 Mrs. Laura Bonnett, 1607 W. Lombard St. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH lEnter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate couse 101, stoting the DUE TO OR AS A CONSEQUENCE OF oth underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pei NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the saw the deceased alive an _______ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OF BUILD 22e ADDRESS with the ld b University Hospital, Baltm.Md. Dr. Robert Applebaum ŧ 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 3/18/80 Friendship Cemetery Burial Berlin. W. Viroinia 24 FUNERAL DIRECTOR 1630 Edmondson Avers Catonsville, Md 25a. DATE REC'D. BY REGISTRAR 25b. REG DHMH - 16 60M 1/75 (VRA 15 (4))

Witzko FuneralHome of Catonsville, P.A.21228

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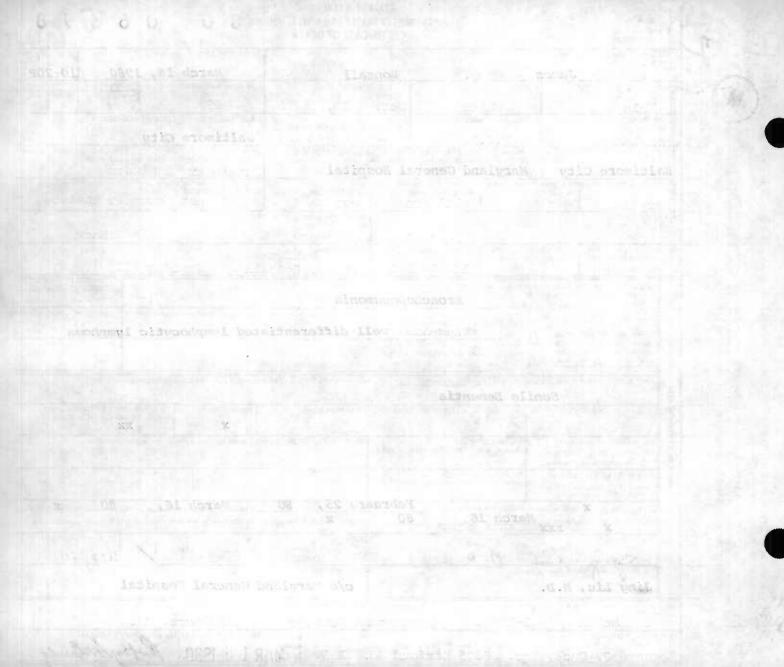
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN BONNTWFIL . DECEASED NAME MONTH (TYPE OR PRINT) ESTI-LOTS 18 2 BONNIWULL DEATH MATED 4. RACE YEAR DATE OF BIRTH IF UNDER 24 HRS PRONOUNCED female white 2-2-1906 18 10 80 74 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimmore City Virginia DIVORCED 10. CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK Ellersbie Avenue Baltimore School Teacher City School JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore City Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 3224 Ellerslie YES X 15. MOTHER'S MAIDEN NAME MIDDLE Charles W. Margaret Melson ADDRESS 166 SOCIAL SECURITY NO. 217-12-3390 William Melson Bonniwell Painter. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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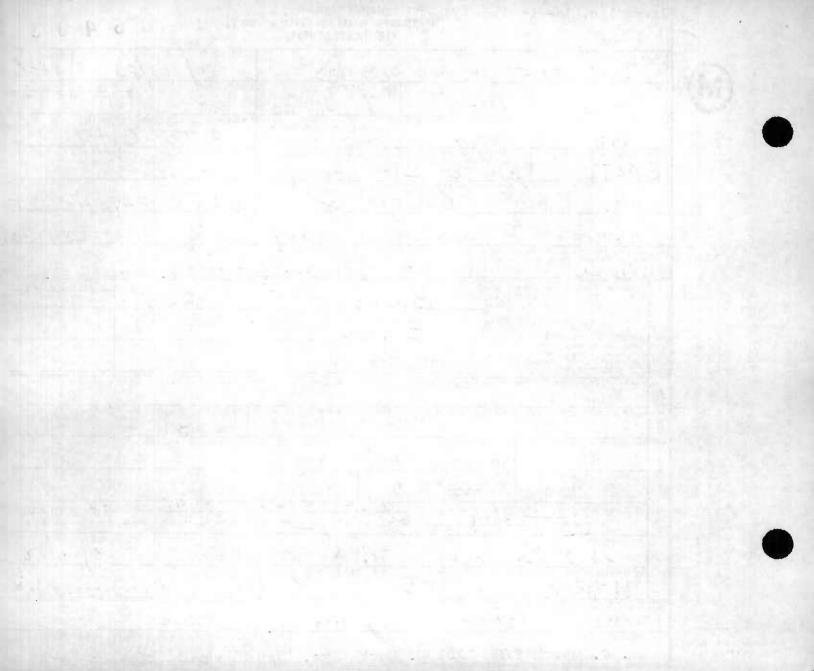
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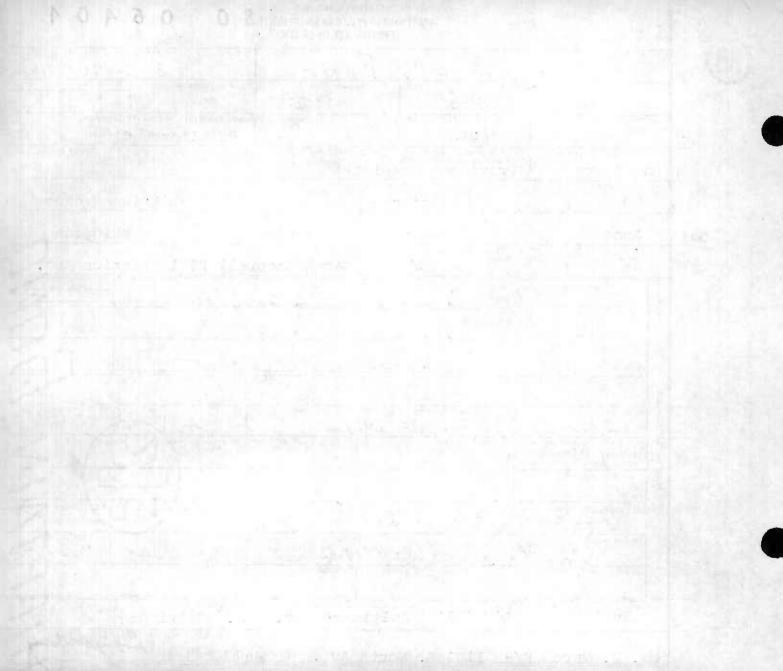
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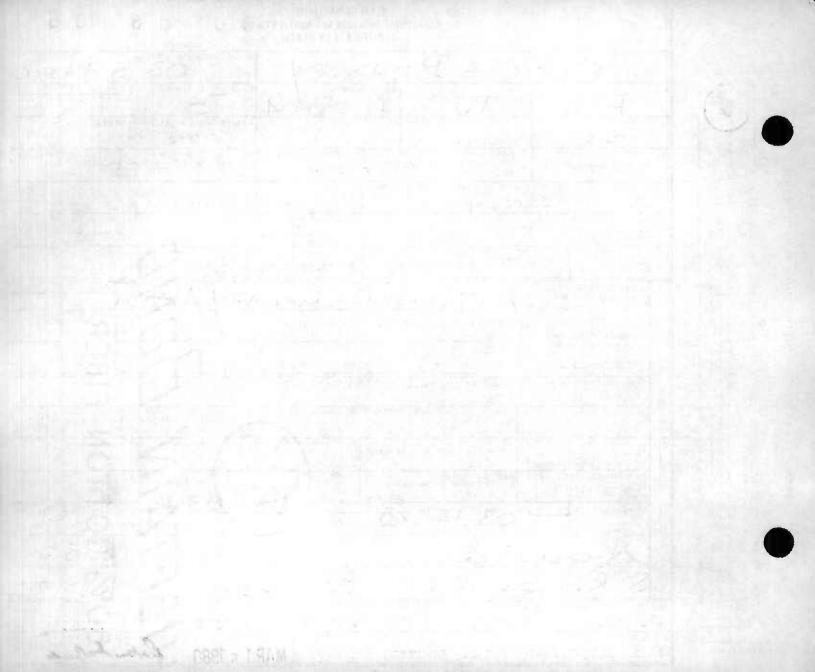
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGANE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE DAY 2b. HOUR (TYPE OR PRINT) March 14. 1980 WILLIAM H. BOWMAN 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR MONTHS DAYS YEAR Negro Male 12 68 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA 12a. USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR Llewenlyn Ave. Bethleham Steel Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (15 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2008 Llewenlyn Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIDST MIDDLE MIDDLE Harkins Alexander Levenia Bowman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I LIFYES GIVE WAR OR DATES! No N/A Elizabeth Harris Bumpy Oak Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) | PART I, DEATH WAS CAUSED BY. ardiopu IMMEDIATE CAUSE to lascular Visease lathero Canditions, if any, which gave rise to immediate cause (o), stpting DUFTO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a ā CERTIFICATION a Wsease. 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? per NO burial-tronsit 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY Ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. | certify that (1) (this hospital) oftended the deceased from. saw the eceased a and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated obove, we) (did) did not view the bady after death. SIGNATURE DEGREE 27c DATE SIGNED FUNERAL DIR MEDICAL * ATTENDING DIRECTOR PHYSICIAN PHYSICIAN T MPORTANT: 22e ADDRES 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 73g BURIAL CREMATION REMOVAL 23b. DATE Buria] COUNTY STATE LaPlata 3/19/80 Sacret Heart Cem 250 DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 March F/H 1101 E. North Ave. (VR A 15 (4))

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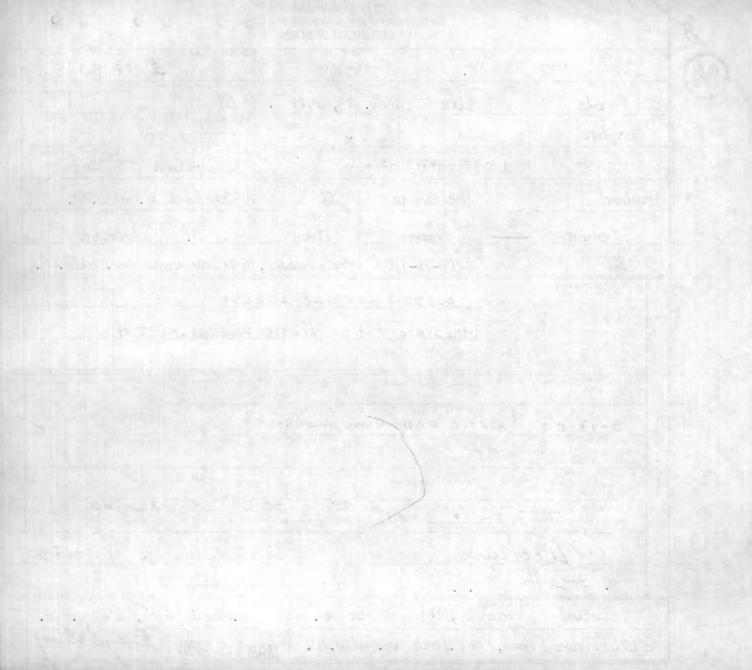
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DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	Wm. C. March	F/H 1101	s. Nort		ATE REC'D. BY REGISTRAR 25b. REC	2 tan halrody







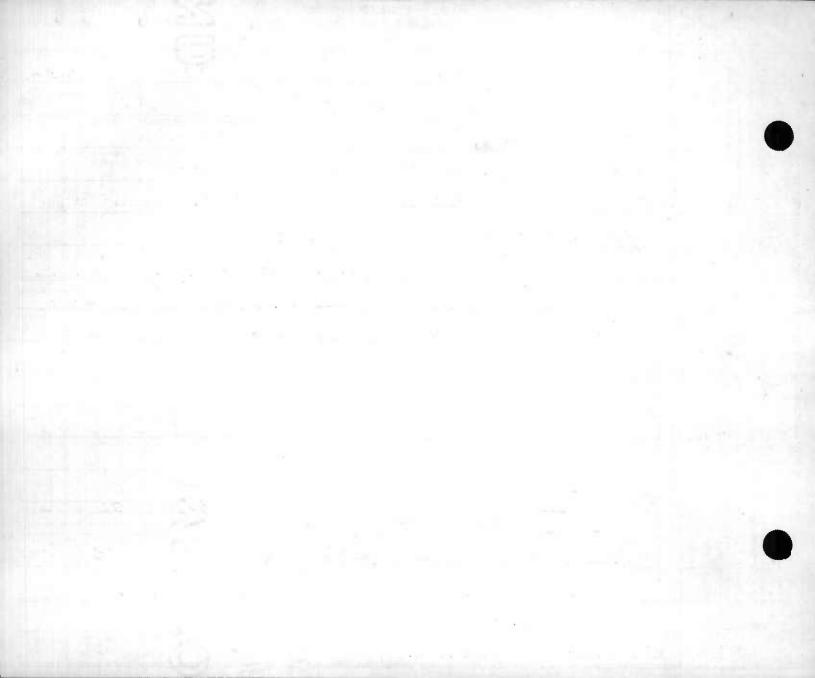
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4 may	3. SE	X	4 RACE	hite	5. DATE O		6 AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
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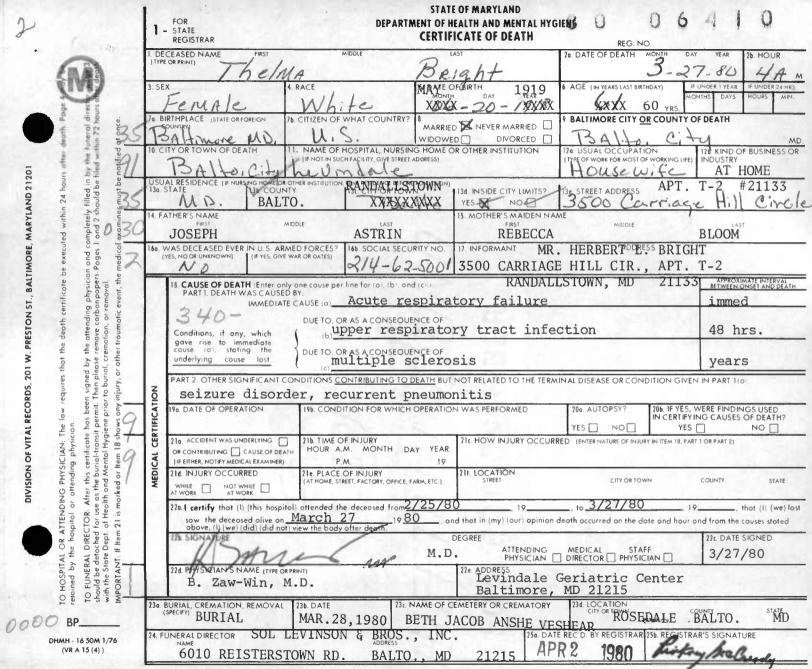
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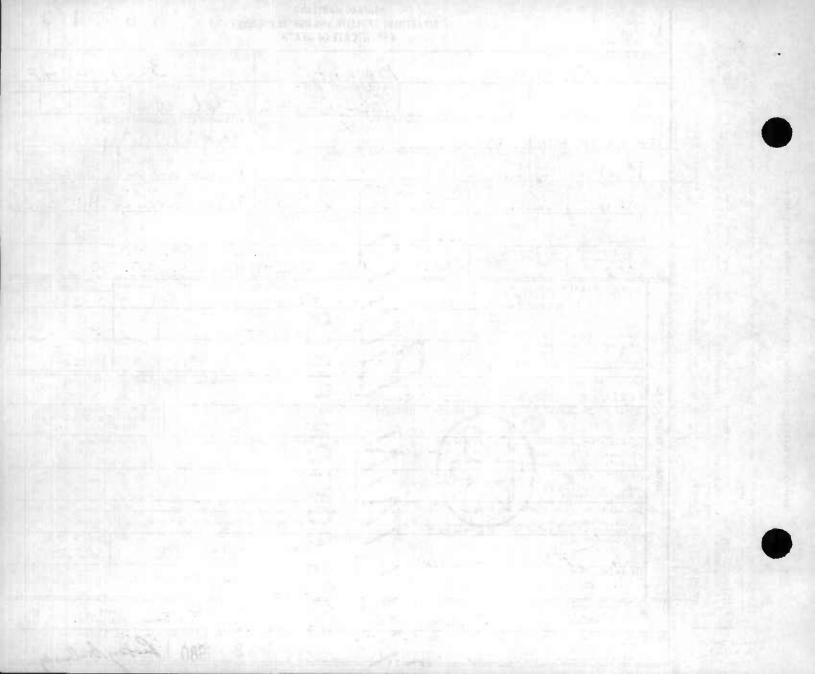
. RP	TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral diffeetor, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Realth and Mental Hygiene prior to buriol, creamford.
	IMPORTANT: If hem 21 is marked or item 18 shows only miury or other troumatic event, the medical examines must be natified at once.

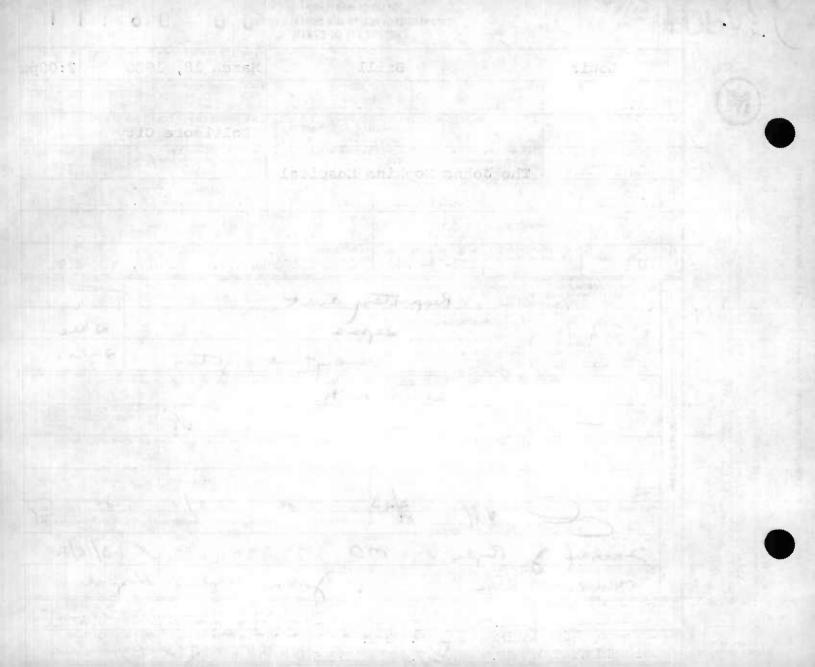
	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIEN O C	5 4 0 8
m.c	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3	MAR	Y GOODE WOOLDRI	IDGE BRAUNS	MARCH 1,1980	9:30 AM
offer of	3.SEX Female	∢RACE White	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
diffee	7a. BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	March 24,1890	99 YRS	TY OF DEATH
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S Pie	Baltimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 100 W. Univers	NG HOME OR OTHER INSTITUTION TADDRESS) 1 Ty Parkway	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	12b. KIND OF BUSINESS OR INDUSTRY
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Januar Cray of the hosy versus of the hosy versus DIRECt DIRECt Dept. State Dept. TANT: If Item	226. PHYSICIAN'S NAME (TYPE O	R. Freen	DEGREE ASTENDIN PHYSICIA	MEDICAL STAFF	3/1/80
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BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 23c 23c	NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 20M (YRA 15, 4) 7/78	24 FUNERAL DIRECTOR Anatomy Board	Balto., Mo	10.0	DATE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. EX- IDING PHYSICIAN: The law requires that the scath certificate strending physician. After this certificate has been signed by the attending physis she burial-transit permit. Then please remove that the purial transit permit. Then please remove that the properties of neutrons marked or Item 18 shows any injury, or other transmitters.		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), a D BY DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	LENGTOF TRACT MY	keton	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 201 aw requires een signed Then pleas or to buria	NO	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	izures a	lesorders
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ITAL OR AT y the hospital RAL DIRECT detached for ustate Dept. of NT: If Item 2		22b. SIGNATUR	effers	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
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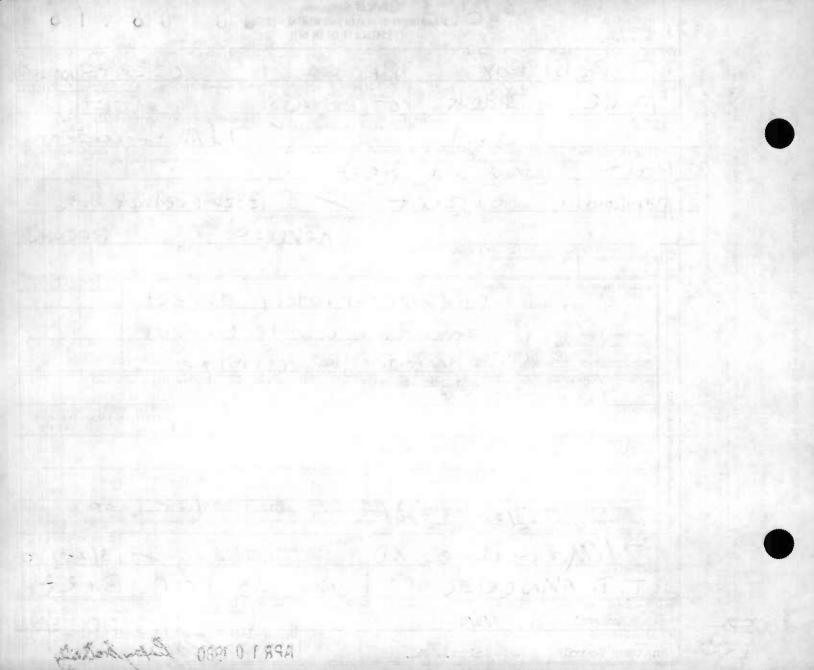
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	CTO	3. SE			DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDA			DAY YEAR 2.529R
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STATE OF MARYLAND

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₹	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 4/3/80	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUR	иту	STATE
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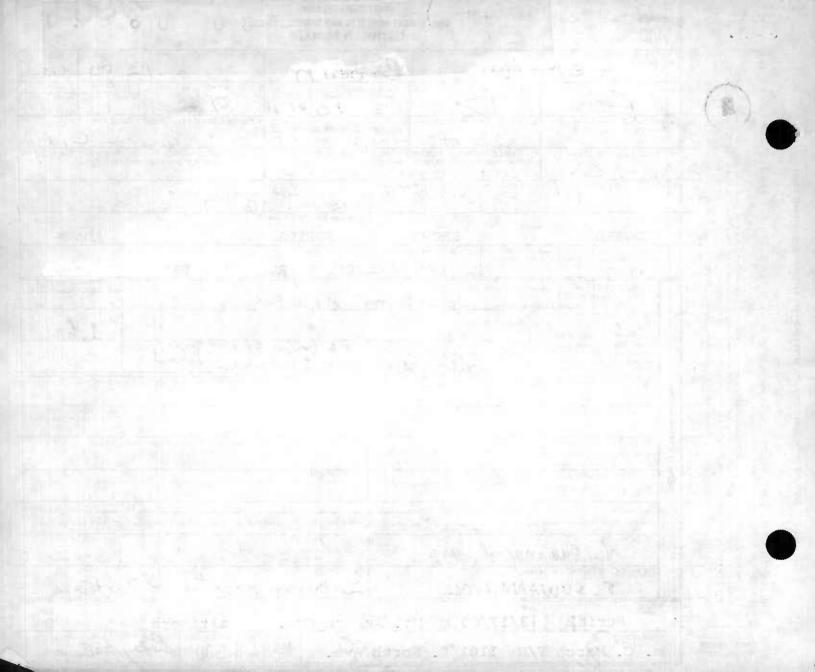
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TO HOSPITAL SAT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after outlin. Page 1 and 2 should by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not find at the control of the	1. 01	republic	Phacic	03 26 95	84 YRS.	W 0.0 0.0 1.111
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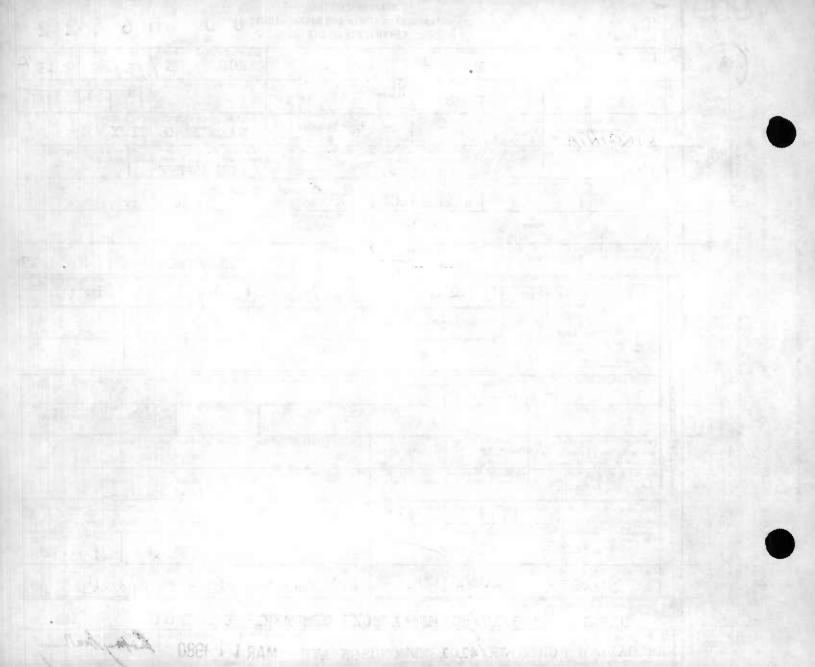
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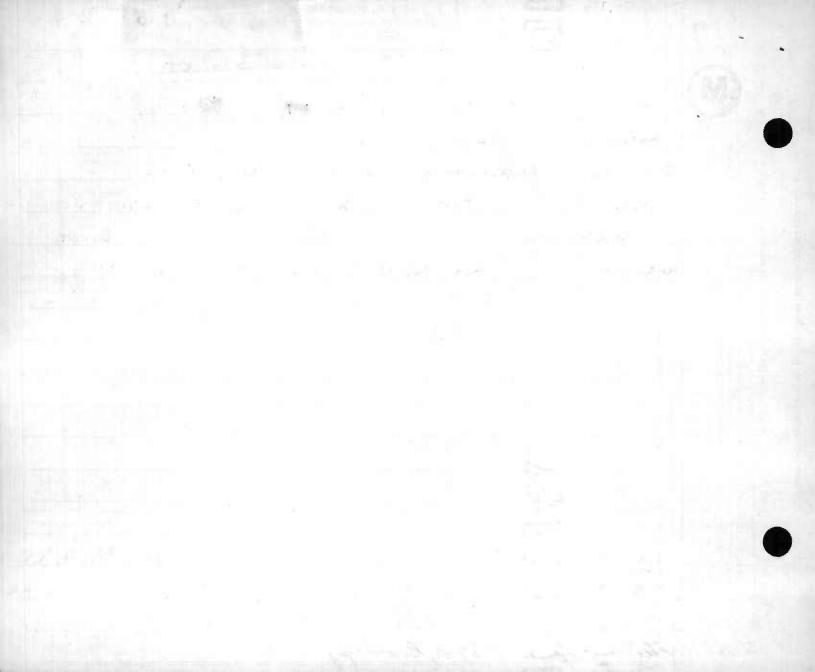
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of Designation	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	EMETERY OR CREMATO	RY 23d. LOCATION	_ COUNTY	STATE
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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
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7	Jacob W. Brunne	MIDDLE	LAST	Unknown	WE	LA	51
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) IF YES GW	WAR OR DATES	3-03-0719	Mary C. Bruns	ner 1305 Birch	Ave	
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	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 3/8/80		emetery or crematory ore National	Baltimore	ity Marul	and state

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 21 is marked or Item 18 shows any

74 FUNERAL DIRECTOR
Ambrose Inc. 1328 Sulphur Spring Rd.

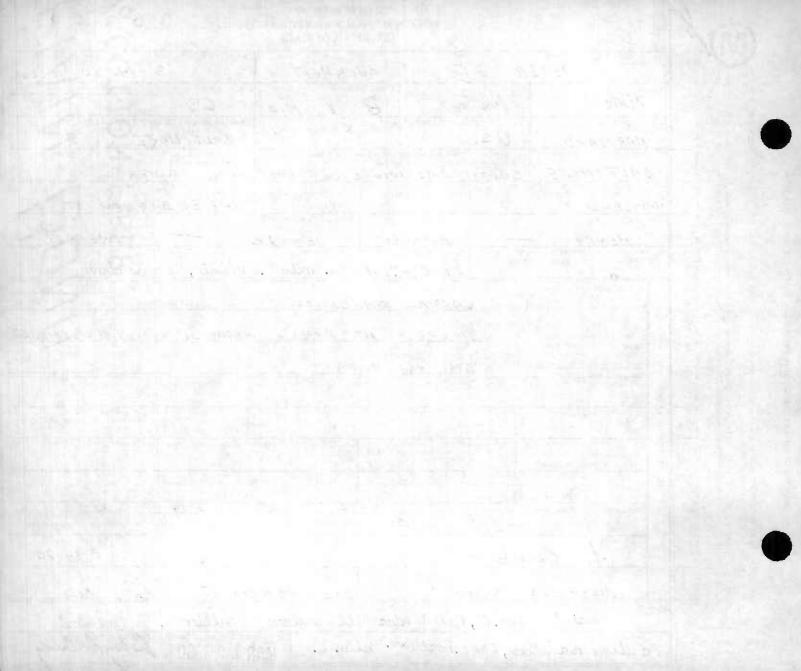
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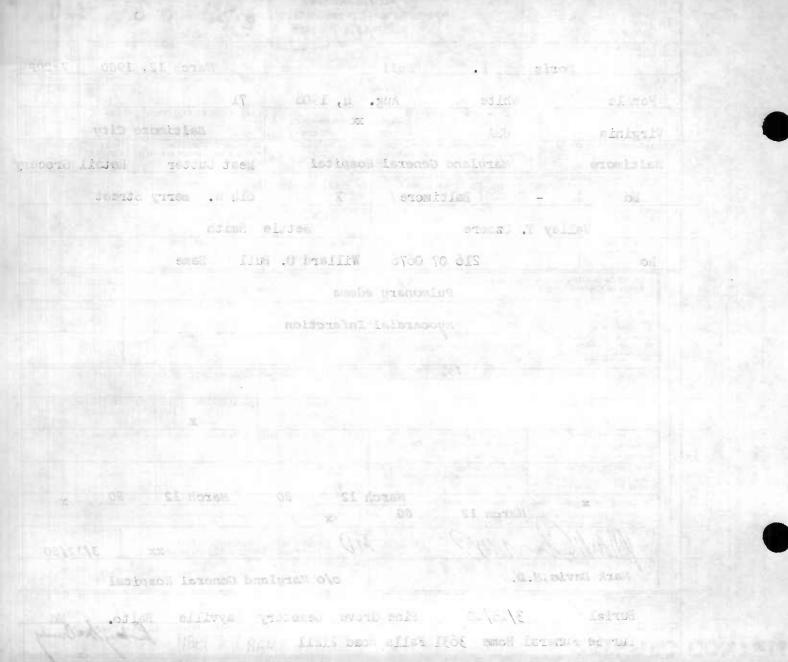
B	FOR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG	MENE () () 6 4	2 9
) =	- STATE REGISTRAR		CERTIFICATE OF DEATH		
	I. DECEASED NAME (TYPE OR PRINT)	MIDDLE	BUCKLEY /	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
ay be age 3 death	MAR	BREEN	Buckley	3-7	-80 445 PM
4 may ar, pag after de	3. SEX	4 RACE	5. DATE OF BIRTH	4400	UNDER I YEAR IF UNDER 24 HRS
Poge	XX FEMALE	WHITE	MAY 1, 1901	78 YRS	
deoth. P	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASSACHUSETTES	75. CITIZEN OF WHAT COULD	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNTY OF	DEATH MD
d the	BALTIMORE	11. NAME OF HOSPITAL, N PENOT IN SUCH FACILITY GIVE ST. AGNES	IURSING HOME OR OTHER INSTITUTION STREET APPRESSI HOSPITAL		126 KIND OF BUSINESS OR INDUSTRY RAILROAD
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours or system and completely filled in by appers. Pages 1 and 2 should be filled with the medical examiner masche for the medical exam		NOTHER INSTITUTION, GIVE RESIDENCE NTY 13¢ CITY OF RELA	R TOWN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS 5125 S ROLLING R	D. 21227
MARYLA and 2 sh	14 FATHER'S NAME FIRST JAMES	MIDDLE LAS	15 MOTHER'S MAIDEN NAMED IN THE STATE OF THE	MIDDLE	O'CONNOR
or nd con dicol dicol	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	SECURITY NO. 17 INFORMANT	ADDRESS	
be ey	NO	219,1	6.3217 JOSEPH P. BU	UCKLEYSAME AS	13e
	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE IMMEDIA	D BY.	trachnord Hemorra	70	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON : death ce tottending nave carbo	Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF Cardis	- Vasc Disease	
W.PR at the se rem cremo	gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF		
RDS, 201 equires the signed I Then plea r to burial injury, or or			G TO DEATH BUT NOT RELATED TO THE TERM LE - Congestive 1		IN PART 1(o)
AL RECOR	Organic &	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES NO YES	/ERE FINDINGS USED IG CAUSES OF DEATH?
ON OF VITAL HYSICIAN: The ding physicia is certificate h burial-transit Mental Hygies or fem 18 sha	OR CONTRIBUTION C CAUSE OF OF	HOUR A.M. MONT		RED (ENTER NATURE OF INJURY IN ITEM 18, PART	OR PART 2)
DING PHYSO or attending After this or as the burn alth and Mee as the burn and weeked or it	THE THER, NOTHEY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (211. LOCATION	CITY OR TOWN	COUNTY STATE
O O O E	22a. I certify that (I) (this hospi		4)	ta Marska 7 , 19. death accurred an the date and haur ar	80, that (I) (we last
OR ATTEN he haspital DIRECTOR: oched for ur Dept. of He	obove (I) (we) (did) did no 22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
AL D AL D defoc	Cy. a	branes MD	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/7/80
NER I Pe o Stern	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detoined by the With the State [IMPORTANT, If	DR. J. ADK	Ams			
5 5 7 4 3 ₹	230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN CO	UNTY STATE
4500BP	CREMATION	3/8/1980	LOUDON PARK CEMETERY	BALTIMORE	MARYLÀND
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME WATTER BROOKS BR	ADTEV THE BA	ESS THE ME	FREC'D BY SEGISTRAR 25	A Chindy

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR



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be get a set of the			CEASED NAME FIRST OR PRINT) S E W & L	1	ANK	B	U'LL		NONTH DAY	YEAR 26 HOUR / 106 / M
M		3. SE	MAIE	4 RACE	/ Pite	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTI	HOAY) IF UNDE	DAYS HOURS MIN
772 Hou	ouce.		RTHPLACE STATE OR FOREIGN OUNTRY) MANY AND	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI WIDOWE	DINEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH AMORE CITY, MO
by the fur	1 Stiffed	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY
hin 24 hour ely filled in I should be f	Ser pe	13a S	AL RESIDENCE (IF NURSING HOME OR) TATE 136 COUN		GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	MANA ROP	rel
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n and co	Z medicol		VAS DECEASED EVER IN U.S. ARA (IES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	315-07-		17. INFORMANIDAGINE)&	- 930	Si huallot1	7911 11AU (21014
certificate b ng physicial banpapers. r removal.	ic event, the		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (o)	AK-010	PULM	DNARY ARA	REST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death he attendi emove cor mation, ai	injury, ar other traumatic		Conditions, if any, which gove rise to immediate couse (0), stating the	(b)	RAS A CONSEOL	V 5 1	NTRACKAR	MAL BLEG	ED	
gned by t n please r burial, cre	y, ar athe		underlying couse lost PART 2. OTHER SIGNIFICANT C	(c)	R AS A CONSEOL		NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART 1(o)
bee mit prior	shows ony injur	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICI	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ◯◯	206. IF YES, WERE	E FINDINGS USED CAUSES OF DEATH?
	Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			
NG PHYS offer this costhe but thoughthough	morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	le .	UNTY STATE
TTEN pitol TOR: for us	21 is		22a.1 certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did)	31141	XO 19		d that in (my) (our) opinion	-, 10		
by the hore by the hore by the hore betochere State Dept.	MPORTANT: If frem		22b. SIGNATURE	lutio	_	p		MEDICAL STAF	F 1	3/14/80
TO HOSPITAL retained by the TO FUNERAL should be deticated with the State	MPORTA		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	4		22e ADDRESS 4940 EA	skin A	ver	
BP	_	23a E	SURIAL, CREMATION, REMOVAL	MATCH?			EMETERY OR CREMATORY	BEL ATO	erford Co., N	MATHAN 21014
DHMH - 16 50M 7/7 (VR A 15 (4))	7	24 F	UNERAL DIRECTOR TOST	ET WB	TO ANDORESSY &	William	NIS STO MAR	REC'D. BY REGISTRAR 18 1980	251 REGISTRAR'S	SIGNATURE CLASSIC

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age 4 may	3. SE			4 RACE Whi	1-E	S. DATE (DE BIRTH	EAR 6	AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
de de la 35	C	RTHPLACE (STATE OR FO DUNTRY) NATY AND	OREIGN	TO CITIZEN OF	WHAT COUNTI	MARRIE WIDOWI	D NEVER MARRI	HED L	BALTIMORE CITY	_		MD.
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that the deeth certifies by the attending payure remove (arbon papers , cremation, or removal or other fraumfatte ever		18 CAUSE OF DEAT PART I. DEATH W 42 4 Canditions, if any, gave rise to imm cause (a), statir	IMMEDIAT which	DUE TO, O	R AS A CONSE	OUENCE OF	ARRHYT		CTION		3	Chro
e law requires the speen signed by lift. Then please re prior to burial, cr	burial, c	underlying cause	last.	ONDITIONS CO		EN H	EART NOT RELATED TO THE	HE TERMIN	AL DISEASE OR CON	20b. IF YES, V	VERE FINDI	NGS USED
DING PHYSICIAN: The law requires itending physician. After this certificate has been signed is the burial transit permit. Then pleas lith and Mental Hygiene prior to burial marked or Item 18 shows any injury.	CAL CERTIFICATION	3 -21-	CAUSE OF DEA	TH HOUR A.	RTIC DF INJURY M. MONTH M.		210 HOW INJURY		YES NO	YES		NO NO
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or a or a OR Use a Hea		220 I certify that (I) saw, the decease	ed alive an	3/2.	3 1	4.34	, 19 nd that in (our)		to ath occurred an the		_	that the (we) last
TAL OR the hoss AL DIR etached site Dept		224 SIGNATURE	bn	lys	1	M	ATTEN PHYSI		MEDICAL STA	AFF ICIAN X	37. DATE	23-80
TO HOSPIT retained by TO FUNER should be di with the Sti	23a. E	A, M	REMOVAL	30 R F			EMETERY OR CREMA		HOPKI 236. LOCATION CITY OF TOWN		OSPI	STATE
BP		Burial		Mar. 25	5,1980	BELL Air M	emorial Gardi		Bellir H			
DHMH-16 25M (VRA 15, 4) 1/79	24_FI	INERAL DIRECTOR	Any Tos	ter "B	Breader ADDRESS	ay & Curill	21014	25e. DAVE	R 26 198	R 25b. REGISTRA	R'S SIGNAT	Cready



The Dippel Brothers Inc. 7110 Belair Rd. 21206

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

2h HOUR

HOURS

126. KIND OF BUSINESS OR

IF UNDER 24 HRS.

IF UNDER 1 YEAR

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BY REGISTRAR 25b. RESISTRAR'S SIGNATURE

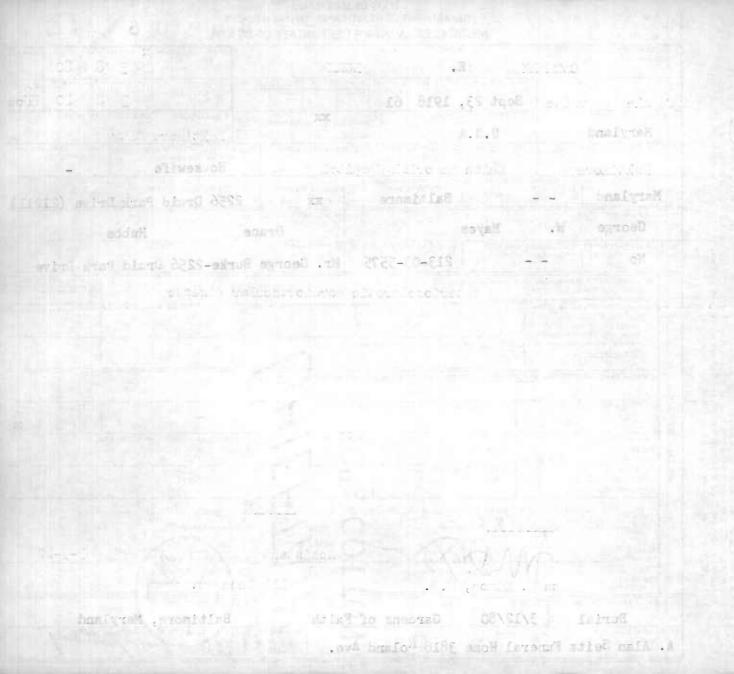
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w 2: 200.5		PE OR PRINT)	САТН	ישורדסי	E.	BURKE		20. DATE KN OF E DEATH M	STI-	8 1980	2b. HOUR
PLEASI ECTOR FILES HOUR: STREET	3. SE.	<u> </u>	I. RACE	5. DATE OF BIRTH	6. AGE (IN YE		R. IF UNDER		WOULH	DAY YEAR	M HOUR
Y, PL		emale	white	Sept 23	YEAR LAST BIRTHD	AY) MONTHS DAYS	S HOURS	MIN. PRONOUNCE		8 ,80	HOUR 12 noon
SSAR SSAR ALD STOI	7n R	PTHPLACE (ST	ATE OR	76. CITIZEN OF WH			NEVER MARRIE		E CITY OR COUN		THOOM
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,		Maryla		U.S.		WIDOWED -	DIVORCE		nore City		MD.
AY IS THE AGE FILED 301 V	10. C	ITY OR TOWN C		(IF NOT IN SUCH FAC	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS)		ITUTION	12a. USUAL OCCUPAT	G LIFE)	12b. KIND OF B OR INDUS	USINESS TRY
OPEL 3 TO 1 N P P	, USU.	Baltin AL RESIDENCE	E IN NURSING HOME O	Union OR OTHER INSTITUTION GIV	Memorial 1	Hospital		Housew	rife	-	
PETON AND SECOND	13a. S	Marylan	d 136. COUN		Baltimore	13d. INSII	DE CITY LIMITS?	13e. STREET ADDRESS 2256 Dru	id Park	Drive (2	1211
MD. 2 ATH. III PM 3. VID 2 S	14. F.	ATHER'S NAME		MIDDLE	LAST	15. MO	THER'S MAIDE	N NAME MIDDI		LAST	
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MORE, TTER DE F PAGE E S 1 AN ON OF	16a. \	VAS DECEASED	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		DRMANT		ADDRESS		T- I-
BALTIMORE, MD. URS AFTER DEATH URS AFTER DEATH WITH FORM PM. PAGES I AND 2 DIVISION OF VITA					213-03-55	75 Mr.	George	Burke-225	6 Druid	Park Dri	ve
		18. CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	ly ane cause per line DBY: $\Delta \gamma$	for (a), (b), and (c).)	ntia agra	di ova co	ilar diceas		APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
HIN 24 HOL HIN 1EM 18 R ALONG V SIT PERMIT. HYGIENE, I		1100	IMMEDIAT	TE CAUSE (a)	AS A CONSEQUENCE		TOARCI	ALGI GIBCGE			
			s, if any, which	DOE TO, OK	AS A CONSEQUENCE	JF.					
O1 W. PREST JTED WITHIN W PENCIL IN W PENCIL IN ALTRANINER MENTAL HY OR REMOVA			ta immediate	(b)	AS A CONSEQUENCE)F					
S, 301 W. PREST ECUTED WITHIN AL EXAMINER A BURRALIRANSIT NIN MENTAL HY NIN, OR REMOVAL		lying caus	e last.	(c)							
L RECORDS, 36 ULD BE EXECU "PENDING" IN EF MEDICAL F BED AS A BUR HEALTH AND CREMATION, C		PART 2 OTHER SIG	NIFICANT CONDITIONS		UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	ITION GIVEN IN PAR	F1 (a).			
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXERTING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RES ANOULD BE USED AS A BE E DEPARTMENT OF HEATH AND PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION	19a, DATE OF	DEBATION	Tial CONIDIT	ION FOR WHICH OPER	ATION I WAS DEDE	0011500				
SHOULD SHOULD RRD "PER CHIEF A OF HEA	FICA	I TALL OF S	JI EKA HOIY	170. CONDIT	ION FOR WHICH OPER	ATION WAS PERF	ORMED?			20. AUTOPSY	
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DIVIS THIS CER E, WRITING RWARDED PAGE 3 S STATE DEP	2	WHILE AT WORK	NOT WHILE C	STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN	cc	PUNTY	STATE
P. THIS TE, WRI ORWARI R: PAGE E STATE	-			e af the remains desc	ribed abave, held an	Autapsy .	Inspection	X, Inquiry], and in my a	pinian	0 = 1
AINE FICA A THI AND		death resulted	d fram: Natur	al causes XX	Accident, Su	cide . Ho	micide .	Undetermined manne			
X AA DIRE WITH ARYL	100	ienus	٨		A -	TITLE	(SPECIFY)				
ATH.	-	SIGNATURE_	- (MAAX	XIX	M.D. Ass	sistant	MEDICAL EXAMINI	ER SIGN	3-9-	30
C DE JAE		EXAMINER'S N		M Dimon	VM D		227	Penn St.			
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	73- D	(TYPE OR PRIN	ON REMOVAL 2			ADDRES	5				
	(30.B	SPECIFY)		3/12/80	23c. NAME OF CEA	of Faith		23d. LOCATION CITY OR TOWN	COL		TATE
33 8 BP		JNERAL DIRECT							ore, Mary	LAUGU	
(VR A15 ME (5)) 15M7/77	A.	Man S	eitz Fur	neral Home	3818 Rola	nd Ave.	MAR	1 1 1980	frofrage	Merring	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(TTPE	LUCILL:	E		BUR	LEY		March 5	198	30		AM
h	3. SEX Female Negro Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD USA				5 DATE C		YEAR 6	0.7102 (1.710.00.00.00.00.00.00.00.00.00.00.00.00.0				R 24 HRS MIN.
H		Female	Negr	0	9 23 12			MONTHS DAYS HOURS MIN.				MIN.
-			76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	NEVER MAR	RIED 19	9 BALTIMORE CITY OR COUNTY OF DEATH				
5			USA		WIDOWED DIVORCED			Baltimore City MD.				
0	-	altimore		OSPITAL, NURSIN FACILITY, GIVE STREET A 20th St				120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		12b. KIND C INDUSTRY		ESS OR
5			E (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 136. CITY OR Balti		OWN 134 INSIDE CITY LIMITS?			13e STREET ADDRESS 11 W. 20th Street				
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		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	New H	ADDRES				
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	NOI	Conditions, if any, which gove rise to immediate cause to storing the underlying couse last. PART 2 OTHER SIGNIFICANT	(b)		nesi	interest to Care	THE TERMINE	ulvar de lung: HAL DISEASE ORLOND A CHILD	A CELL	and	teen	5. a
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORME	ED	200 AUTOPSY?		WERE FINDI		TH?
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		22d. PHYSICIAN'S NAME (HAPES	Truje	towit	I	6619	Reu	Kirtbian	Rd.	Ball	171	541
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	3/10/			EMETERY OR CREA		23d LOCATION CITY OR TOWN Baltimon	ce	COUNTY		TATE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prio. MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR
Wm. C. March F/H

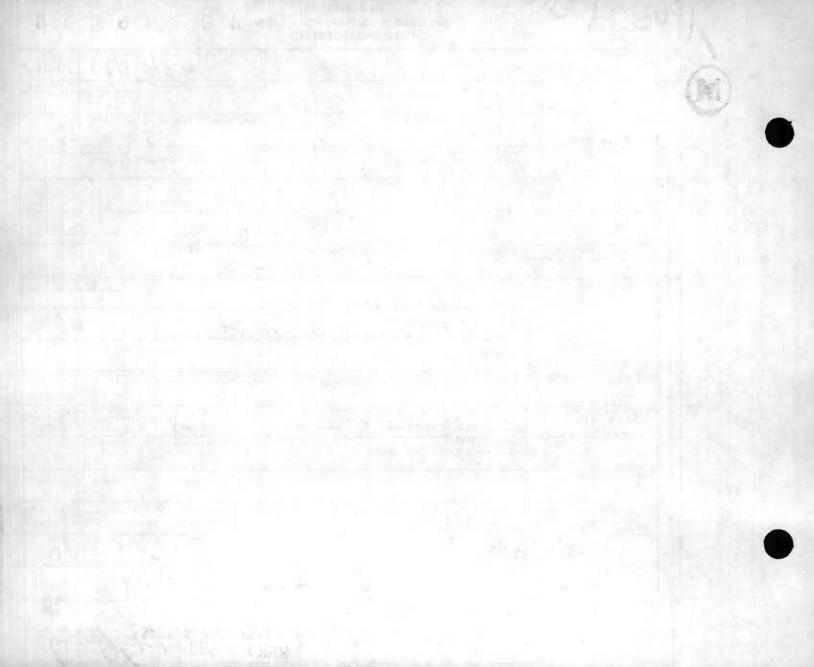
1101 E. North Aye.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	1.	FOR per M. Kore STATE REGISTRAR	11 DEPARTI	MENT OF HEALTH AND I		NE REG. NO	08-64-2	3/8
5		CEASED NAME FRST	/ MIDDLE PULL	popohs	1		3-11-80	25. HOUR
	3 SE	nalo	RACE PLOCK	S DATE OF BIRTH	YEAR 93	AGE JIN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 74 HRS HOURS MIN
		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A	A	BALTIMORE CITY OF	COUNTY OF DEATH	1.
The notif	10.C	OA LA MORO	1. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INST	TITUTION I	26 USUAL OCCUPATION TYPE OF WORK FOR MOST OF CEMENT FI	WORKING LIFET INDUSTRY	HST .
iner mus	13a S	AL RESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT'	THER INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOW BALTIMO	N 1134. INSIDE C		1526 HON		21218
300	14. FA	THER'S NAME	DDLE LAST	IS. MOTHER'S	S MAIDEN NAME		BURROUGHS	21210
The medical true the medical true the medical true true true true true true true true	Iáa V	VAS DECEASED EVER IN U.S. ARMI			NT		RFD RT 1 H AYLETT, VA	
n please remove carbon burial, cremation, or re injury, or other traumat		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF MORRY ENCE OF	edeno	tion	DITION GIVEN IN PART 1/0	n
shows any	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	PRMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED OF DEATH?
or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 3/6/81	AY YEAR	e, arso		Y IN ITEM 18, PART 1 OR PART 2)	
th and Mi	MEDICAL	211. IN JURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LATHOME STREET SACTORY OFFICE I	PARM, ETC1 211 LOCATION STREET 1526 1		ad St., Bal	timore, Md.	STATE
of Heal		22a.t certify that (1) (this haspital sow the deceased alive on abave, (1) (we) (did) (did not)		3/10 Hom ind their (my)	(our) opinion de	to 3/1	te and haur and fram the	that (I) (we) lost causes stated
letached ate Dept NT: If It	-	226. SIGNATURE	son MD	DEGREE A	ATTENDING PHYSICIAN	MEDICAL STAF		0/80
should be detactivity the State IMPORTANT:		22d. PHYSHETÁN'S NAME ITYPE OR P	100	22 ADDRES	SMI	EMSS		
with W	23a (BURIAL, CREMATION, REMOVAL BURIAL	3-15-80 PR	OVIDENCE (CH CEM.		KG WM CO.	VA.
DHMH-16 25M VRA 15 4) 1/79		UPERMOBDWARDS F JOSEPH E ADAM	UNERALHOME BO		427 PAN	AR 2 0 1981	Sb. REGISTRAP'S SIGNAT	Creody

CENTER FIREER COLER. CALTIMORE N. T. T. 1526 HOMESTEAD OF CITY 230 35 ASSTRES HEAR B ROBINSON ATLESS, VA 2300



	1		STATE OF MARYLAND					
18	1.	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
moy be poge 3		CEASED NAME POYA	- C. Bussey		Lo Mar 80 0100,			
ge 4 r	3 SE	Farole	1 RACE S. DATE OF BIRTH MONTH DAY 2 10 3	AGE (IN YEARS LAST BIRTH	(DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.			
merol dum 72 hou.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIE WIDOWED DIVORCE	- MA A I I '	RECOUNTY OF DEATH			
by the function of the functio	10 C	BOLTIMOFE BOLTIMOFE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF THE PROPERTY OF STREET ADDRESS)	TYPE OF WORK FOR MOST OF				
filled in ould be	USU 13 ₀	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 17Y 13c. CITY OR TOWN 13d. INSIDE CITY LIA BALTO, YES NO [A- 2'3'	DAYWALT AVE			
completely is and 2 sh completely completely	14. F/	ATHER'S NAME FIRST HENRY	MODILE HAGENMEYER 15 MOTHER'S MAIL	PAULINE	LAST			
Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	med forces? 166 social security No. 17 informant 220-44-71357 Mgs. M.	Michael Contr	- 5413 Daywal			
physicion papers: physicion papers: physicion		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), on (TE) D BY: E CAUSE (a)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
death cei athending nove carbo otion, or re		5990 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Proumen	itis				
by the sse rem		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	IT				
equires the signed Then plex to buriol nijury, or	N O	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)			
The low re- ricion. te has been ssit permit giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO ☑	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)			
Phys Phys Phys Phys Phys Phys Phys Phys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		OCCURRED (ENTER NATURE OF INJUR	V IN ITEM 18, PART 1 OR PART 2)			
DING PHYSIC or ottending After this cerie os the burial alth and Ment marked or Her	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE			
Z = Z = ±		220.1 certify that (I) (this hospi sow the deceosed alive an above, (I) (me) (glid)(did no	tol) ottended the deceased from 19 ond that in (my) (our) (opinian death accurred on the do	te and haur and fram the causes stated			
AL ATT the hospital AL DIRECTO		22b SIGNATUR	DE GREE ATTENE PHYSIC		FIANDO 20 Nov 80			
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State [22d PHYSICIAN'S NAME (TYPE OF		Il Baltime	Shoul flop			
D € 0 € ₹ ₹	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE 231 NAME OF CEMETERY OR CREMA	CITY OF TOWN	TO. COUNTY D. STATE			
5 J DHMH-16 20M	24 F	INTERAL DIRECTOR AS OF	- 7507 ADDRESS LA L-1 Rd	250. DATE REC'D. BY REGISTRAR!				



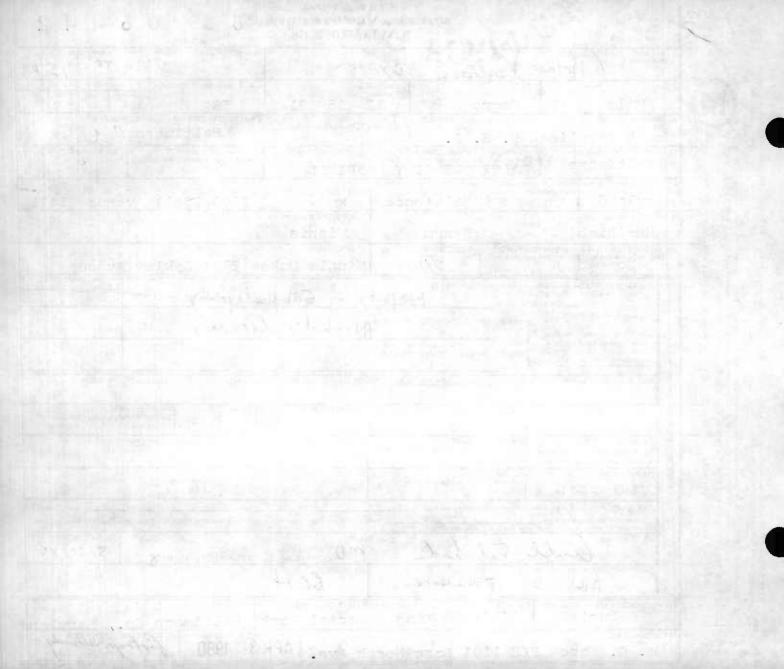
1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4 0 0			
-1	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 6 4 4 U				
	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN 7 MONTH	DAY YEAR 2b. HC			
(11	PE OR PRINT) LEC	DNARD LOUIS BUTLER 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 3 2	28 19 80			
3. SE	X 4 RACE	5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS CAYS HOURS LAND PRONOLINGED	DAY YEAR 2d. HC			
	MALE BLACK	MONTH DAY YEAR LAST BIRTHDAY) MONTHS GAYS HOURS MIN PRONOUNCED DEAD 3-28	19 80 8:1			
	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUN				
	Mg.	WIDOWED DIVORCED BALTIMORE CIT	ľY			
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY			
	Baltimore	UNIVERSITY HOSPITAL				
	AL RESIDENCE (IF IN NURSING HOME: STATE 134 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTX 13c. CITY OR TOWN 13d. INSIDE (11Y LIMITS? 13e. STREET ADDRESS 1.	304#52			
	Mg. KK	ENT Chesier to No YES NO 1 1. F. 5 #2				
14. F	ATHER'S NAME	MIDDLE AST 1 A CA 15. MOTHER'S MAIDEN NAME MIDDLE A	LAST			
	KEMUS	MIDDLE BHAST PERSE ESSA PMODLE GR.	NNELL			
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 216-4-9747 MRS ESSA P BUTTER	5535			
	No -	Zite	Ster Low wh			
	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line for (o), (b), ond (c).) ED BY:	APPROXIMATE INTERVA			
		ATE CAUSE (0) MULTIPLE INJURIES				
7	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF				
	gave rise to immediate	e / (b)				
91	couse (a) stating the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEQUENCE OF				
	BART 2 OTHER CICNICICANY CONDITIONS	(c)				
z	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).				
ATIO	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?			
FF			YES XX NO			
CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)			
ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	HOURS M. MONTH DAY YEAR	hit tree.			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION				
X	WHILE NOT WHILE E	rt. 445 Kent County, MD. Rock Hall	1, Md			
		53				
	1.		noinici			
	, death resulted from: Natu	TITLE (SPECIFY)				
	ACTUAL SIGNATURE		3-29-80			
	SIGNATURE	m.D.4133 13 COLIE MEDICAL EXAMINER SIGNE	:U2-23-0U			
	(TYPE OR PRINT) Hor	mez R. Guard, M. D. ADDRESS 111 Penn St., Balto.,	Md. 21201			
23 a. E		23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION	WELLET STATE			
	BUR.AI	4-4-1980 ASBURY CEM. Chesterlown				
24. F	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE			
-	La Assemple	day chesterlown Mt MAR 31 1980 history.	Metroday			

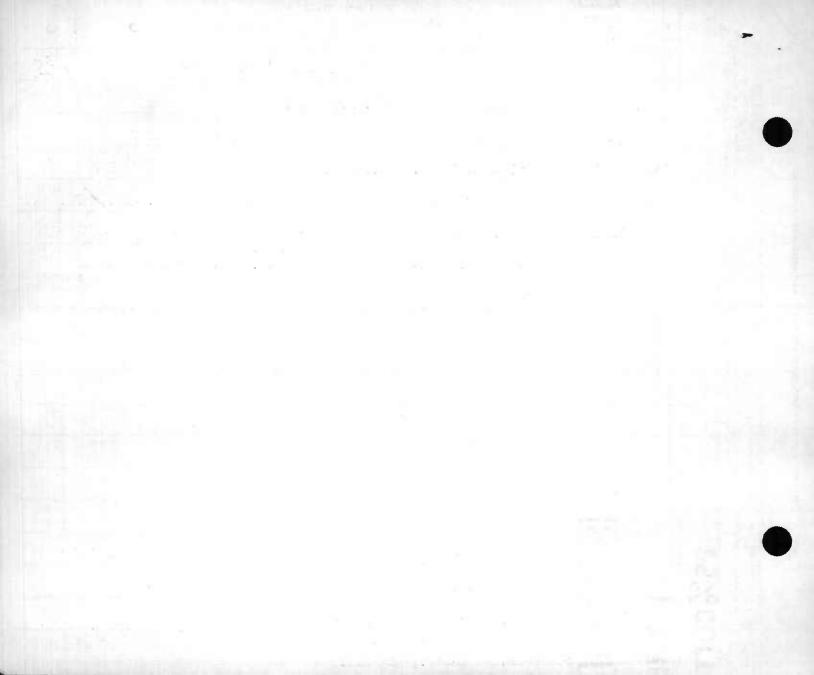
STATE OF MARYLAND

AND DESCRIPTION OF SECURITION the sale of the sa

En,	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS () () () () () () () () () () () () ()						
(MA)		CEASED NAME FIRST OR PRINT) ROBER	AT MINTON	BUTLER	20. DATE OF DEATH MONTH	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
seto pro	3. SE.		PRACE WHITE	5. DATE OF BIRTH MONTH DAY 63 25 LS	65 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
deoth. Poge in 72 hours	C	RTHPLACE (STATE OR FOREIGN DUNTRY) enn.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C		
ofter of with the desired with	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) AN HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Sheet MetalWo		
filled in the ould be f	13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY A.	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW Brookl	EADMISSION) N 13d INSIDE CITY LIMITS YN YES NO X			
MARYLA ed within ond 2 sho	14. FA	THER'S NAME John	Butler	15. MOTHER'S MAIDEN FIRST Eliza	beth	Leonard	
be executed to one composition one composition one composition one composition on the medical examples of the composition of th	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (# YES, GIVI	RMED FORCES? 166. SOCIAL SECU (410-07)	RITY NO. 17. INFORMANT	rgia Butler sam		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physicion. Ifter this certificate has been signed by the oftending physicion and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. The continuous permits that the properties of the medical examiner must be not appear to the medical examiner must be not appear.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	NARY EMB	OLISM	APPROXIMATE INTERVAL* BETWEEN ONSET AND DEATH	
AL RECORDS, 301 he low requires the low. hos been signed to the permit. Then pleo time prior to buriol, lows ony injury, or a	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF CARCINOM A	A OF THE LU	DEATH BUT NOT RELATED TO THE TILL OF RADIO OPERATION WAS PERFORMED	IN CERTIF		
TTENDING PHYSICIAN: The Inpired or ottending physicion. TOR: After this certificote has for use as the buriol-tronsit pe of Health and Mental Hygiene 21 is morked or them 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK		19 211. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2) COUNTY STATE	
OR ATTENDII be hospital or ched for use Copt. of Heal them 21 is me		22a.1 certify that (this hospi	oitol) oftended the deceosed from 19 8 oil view the body ofter deoth.	DEGREE	nion deoth occurred on the date and hou	19 , that // (we) lost r and from the causes stated 22c. DATE SIGNED 03-28-60	
HOSPII sined b FUNER buld be th the St		CESAR 6-6	SAMBOA, M.	22e. ADDRESS	OD SAMARITAN	HOSPITAL	
Bb———		Burial, CREMATION, REMOVAL Burial		NAME OF CEMETERY OF CREMATO Len Haven Mem	Pk Glen Burnie	COUNTY STATE Md.	
DHMH - 16 25M (VR A 15 (4)) 9/74		orge J. Gonc	e 4001 Ritchi	alto 21225	APR 8 1980	May Metrody	

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CERTIFICATION

MEDICAL

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH FIRST MIDDLE 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) Helon Caldwell 80 R 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH DAY YEAR DAYS HOURS Female White 09 23 89 90 **BALTIMORE CITY OR COUNTY OF DEATH** 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED Baltimore City Virginia USA WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Long Green Nursing Home Housewife Homemaking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13b COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3814 Walnut Avenue Maryland YES X NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Rude Lawrence ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I IF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) No 212-46-8220 Corinthia Meyls 12 Beechdale Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)

4029 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF CErcles sicular disease à							
gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF							
PART 2. OTHER SIGNIFICANT CO	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER							
90. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)					
21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 21					

DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED NOT WHILE WHILE

saw the deceased alive an

P.M. 19 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MONTH

HOUR A.M.

22a. I certify that (I) (this haspital) attended the deceased from.

above, (1) (we) (did) (did not) view the body after death

23b. DATE

31/80

21f. LOCATION CITY OR TOWN COUNTY

STAFF

COUNTY

22c. DATE SIGNED

STATE

STATE

19 80 and that in (my) (ever) opinion death occurred on the date and hour and from the causes stated

23d. LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS EDERICK J. VOLLMER

(SPECIFY) Burial

AT WORK

226 SIGNATURE

23g. BURIAL CREMATION, REMOVAL

24. FUNERAL DIRECTOR

ADDRESS 7401 Belair Road

PEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

Parkwood Cemetery Parkville Baltimore Md BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 25M

(VR A 15 (4)) 9/74

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Lassahn Funeral Home

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			domenta.
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h	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENES O	06445
(MA		REGISTRAR CEASED NAME FRSINT	na Middle	CERTIFICATE OF DEATH	REG. N 2e. DATE OF DEATH	MONTH DAY YEAR 26. HOU
TAIL		Anna		Caliner		5 19 10 8
	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER MONTHS OAYS HOURS
ouc	1	Female	Cauc.	9 13 1894	85	YRS
35		RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF WHAT COUNTS U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	CA S
18 be no	0	ALT.	BALT. CITT		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
E	USU 13e	AL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	
£50		Md.	Baltin		3219 Est	her Pl.
exa	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
537		William	Perego			Fergeson
med	16s V	VAS DECEASED EVER IN U.S. AR			ADDRE	SS TOTAL OF THE STATE OF THE ST
ag /	1	NO		4-1716 George Cal	imer 6902	Beech Ave.
event,		IN CALLES OF DEATH C.	nly one cause per line for (o), (b).			APPROXIMATE INTER
other		gove rise to immediate cause (a), stating the	DUE TO OR AS A CONSE	OLIENCE OF		
0,0		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC			
0,0	NO	cause (a), stating the underlying cause lost	(c)	OUENCE OF	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
or to burial, c	CATION	cause (a), stating the underlying cause lost	(c) CONDITIONS CONTRIBUTING 1		MINAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED
or to burial, c	TIFICATION	cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	(c) CONDITIONS CONTRIBUTING 1	T <u>O DEATH</u> BUT NOT RELATED TO THE TERM		
or to burial, c	L CERTIFICATION	cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	196 CONDITION FOR WHI	TO DEATH BUT NOT RELATED TO THE TERM ICH OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
or to burial, c		COUSE (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF COUSE OF COURT WAS UNDERLYING CONCRIBUTION CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	1% CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI LINE OF INJURY HOUR A.M. MONTH P.M.	IO DEATH BUT NOT RELATED TO THE TERM ICH OPERATION WAS PERFORMED DAY YEAR 19	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
or to burial, c	MEDICAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED DAY YEAR 19 21f. LOCATION	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO TO THE PROPERTY OF PART 2)
pt. of Health and Mental Hygiene prior to burial, c Item 21 is marked or Item 18 shows any injury, or		COUSE (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF COURSE OF OPERATION 218. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 210.1 certify that (1) (this hospit sow the deceased alive on	196 CONDITIONS CONTRIBUTING 1 196 CONDITION FOR WHI 216, TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 21f. HOW INJURY OCCUR 21f. LOCATION STREET 21g., ond that in (my) (aur) opinion DEGREE	206 AUTOPSY? YES NO PRED LENTER NATURE OF INJUI CITY OR TOV death occurred on the de	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY ST. 19 , that (I) (we could not be causes stated and hour and from the causes stated and hour and
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CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2n DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) BRUNA 28 CAMPANELLA 7:00 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE I IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Feb. 15, 1895 DAYS HOURS Female White To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 5 0 MARRIED NEVER MARRIED Italy USA Baltimore City WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR NOTIN SUCH FACILITY, GIVE STREET ADDRESS) AVE. Self employed Restaurant Baltimore employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 3757 Ravenwood Ave.21213 Baltimore Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Angelo MIDDLE Nunsitina MIDDLE Callistri (Unknown) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) 165-20-2515 Delores Dombrowski, daughter, same addre CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. Parely Vacentes Direce DUE TO, OR AS A CONSEQUENCE OF Brown Tuno 055 . if ony, which gave rise to immediate stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 DIVISION OF VITAL RECORDS, CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES I NO I Hygie 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my? (aur) apinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b Joseph Liberto. M.D. 3508 Bank St. 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE CITY OF TOWN Gardens of Faith Baltimore, 250. DATE REC'D. BY REGISTRAR 251. BED IS BAR'S SHOWN IN THE Senimunek Funeral 3991 Brehms Lane DHMH-16 20M APR (VRA 15, 4) 7/78 Balto .. Md. 2121 Home, Inc.

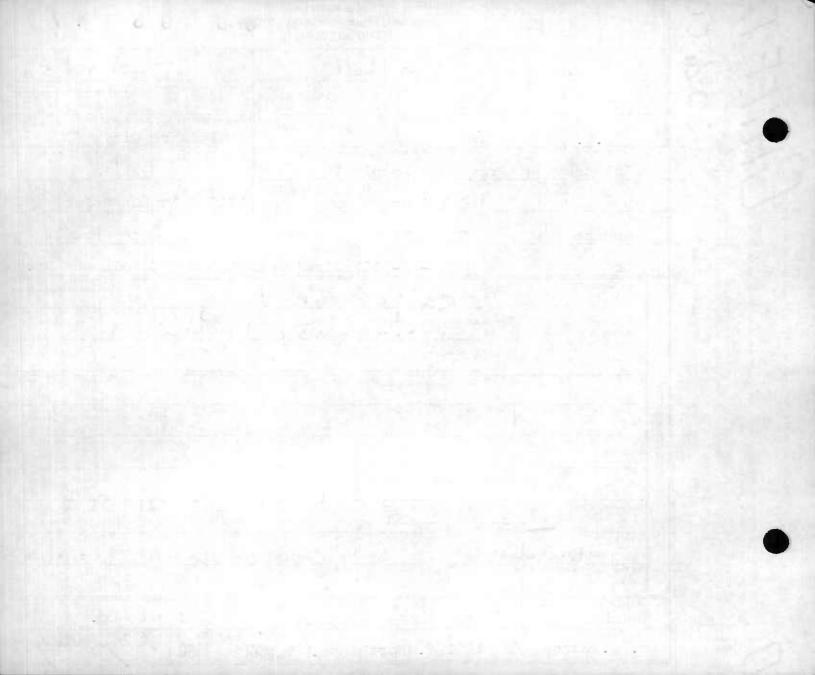
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE?

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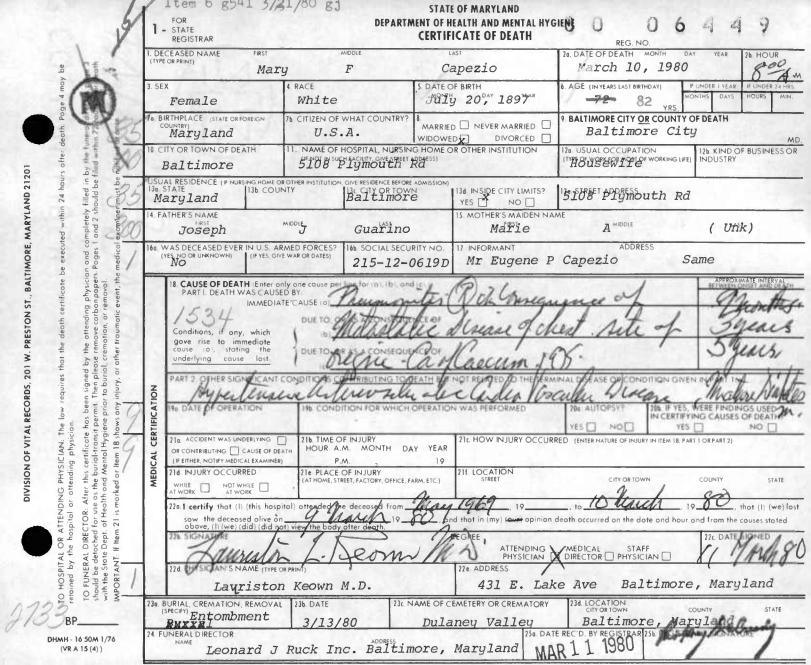
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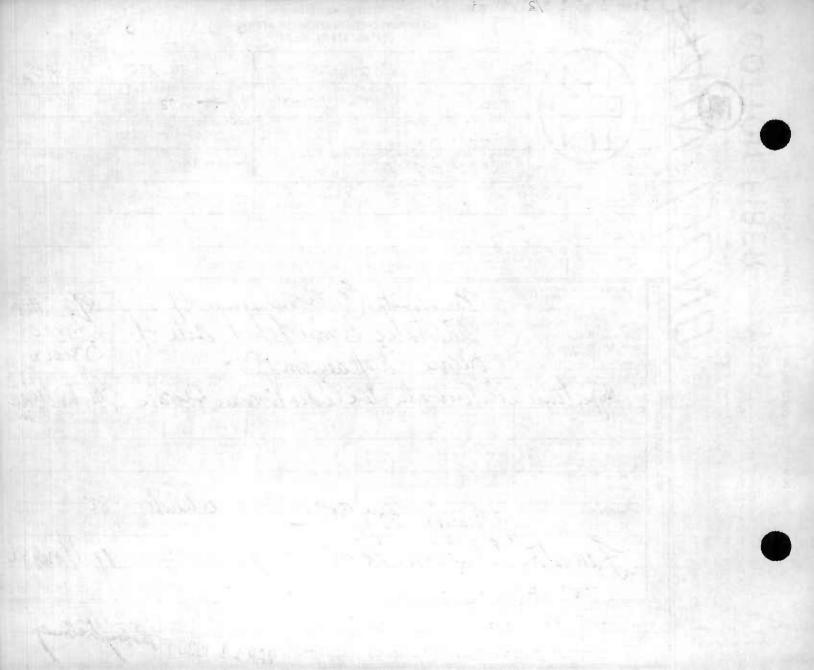
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DN ST., BALTI h certificate b inding physicial achanopapers, arremaval. aftc event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	SED BY ATE CAUSE (a)	OR AS A CONSEQUE	NCE OF	DIAL INFARC	July 16 Will		BETWEEN O	MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE ING PHYSICIAN. The law requires that the death certificate be executed this certificate has been signed by the attending physician and cost the burial-transit permit. Then please remove carbon papers. Pages than and Mental Hygiene prior to burial, cremation, ar removal. orked or ten 18 shows any injury, or other traumatic event, the medical corked or ten.		Canditions, if any, which gave rise to immediate cause in stating the underlying cause last	(c)	dr as a conseque	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN	N PART 11c	
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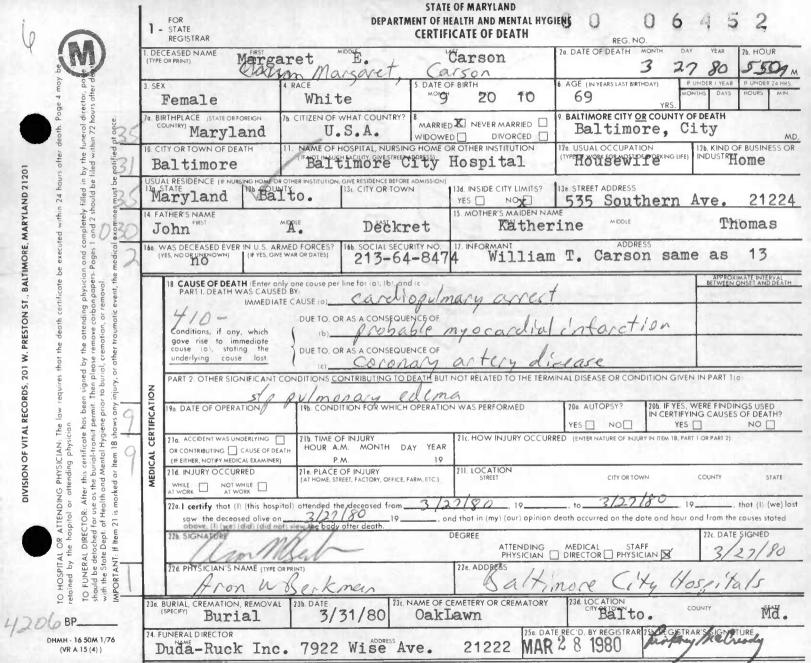


STATE OF MARYLAND

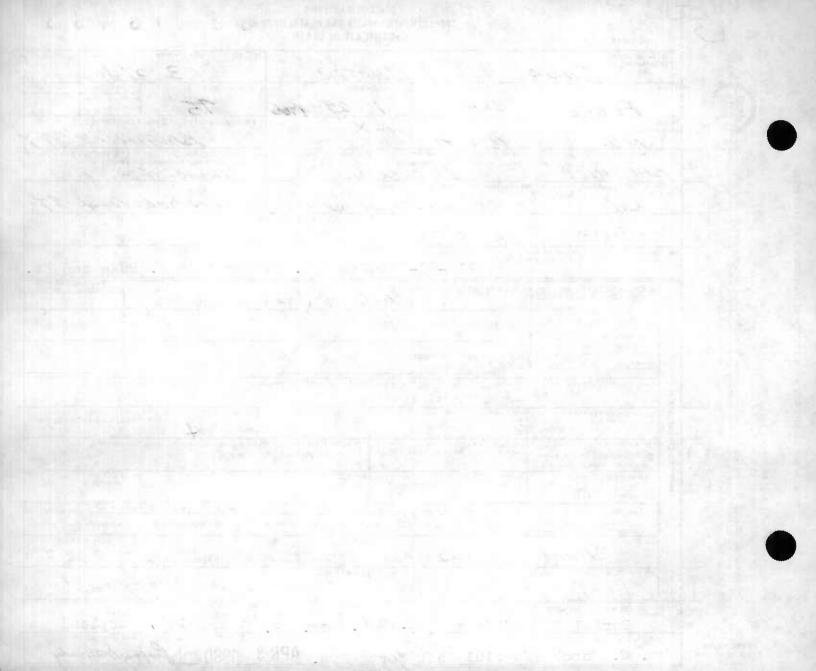
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e be exec		WAS DECEASED EVER IN U.S. (14 YES, O	IVE WAR OR DATES)	74-4217	#1 Best Ave.	, Alice Edna Bur , Baltimore, MD	eton 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DE
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Bb To		BURIAL, CREMATION, REMOVE SPECIFY BUrial	AL 236. DATE 3/24/80	Lake V	cemetery or crematory iew Memorial, Pi	23d LOCATION CITY OR TOWN Sykesville	Carroll MD
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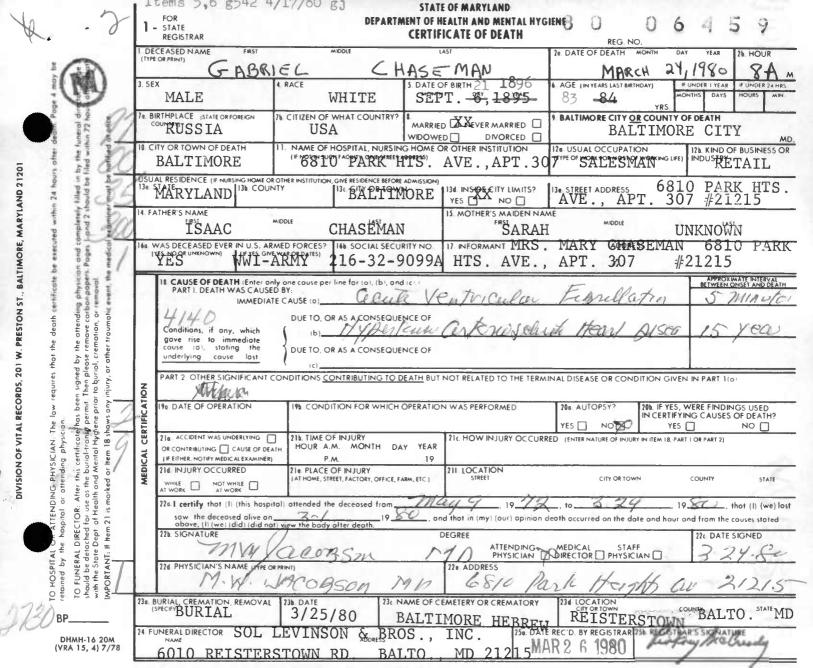
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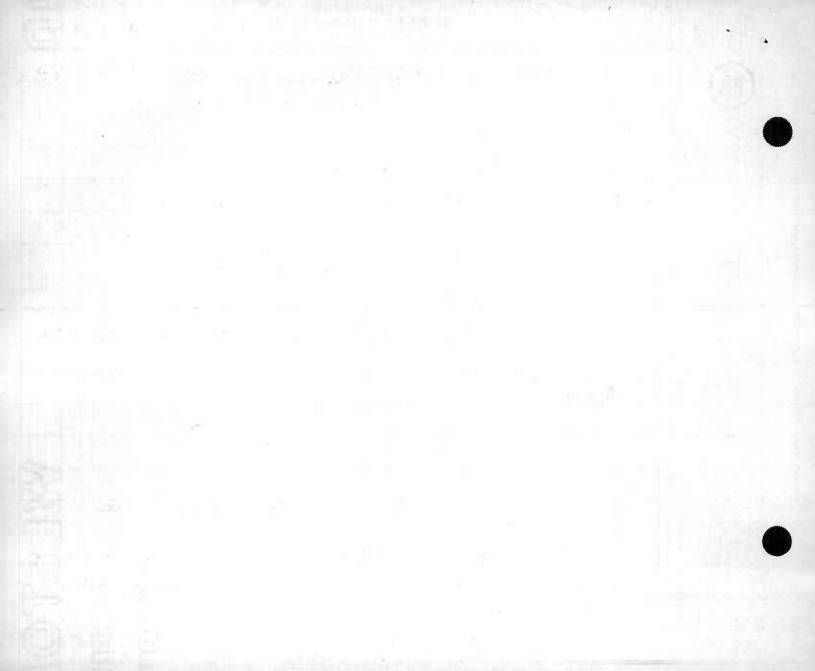
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH DAY 2b HOUR TYPE OR PRINTS CHAMBERS RUTH L. 80 03 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH White Female 1903 Jan. Ja. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TISA Maryland WIDOWED A DIVORCED [BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) UNION MEMORIAL HOSPITAL Clothing BALT IMORE Sales DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 322 Hawthorne Road 13d INSIDE CITY LIMITS? Baltimore Maryland YES IX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME J. LAST MIDDLE Emile Susie Green Laroque ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mr. Jean Laroque Arnold. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COMPLETE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: HEART MYOCARDIAL INFARCTION 30 HRS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [18 shov 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) riol-tron HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.t certify that (1) (this haspital) attended the deceased fram. saw the deceosed alive on 3/5 obove (1) well did in it view the body after death and that in (my) (our) opinian death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL should be deta with the Store rone s PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS UNION MEMORIAL HOSPITAL COMBER. JAMES 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN COUNTY STATE Loudon Park Burial Balto W. Jenkins & Sons Co. Henry 25a. DATE REC'D. BY REGISTRAR 25b. REG DHMH - 16 60M 1/75 Balto., 21212 1980 York Road (VRA 15(4)) Md.

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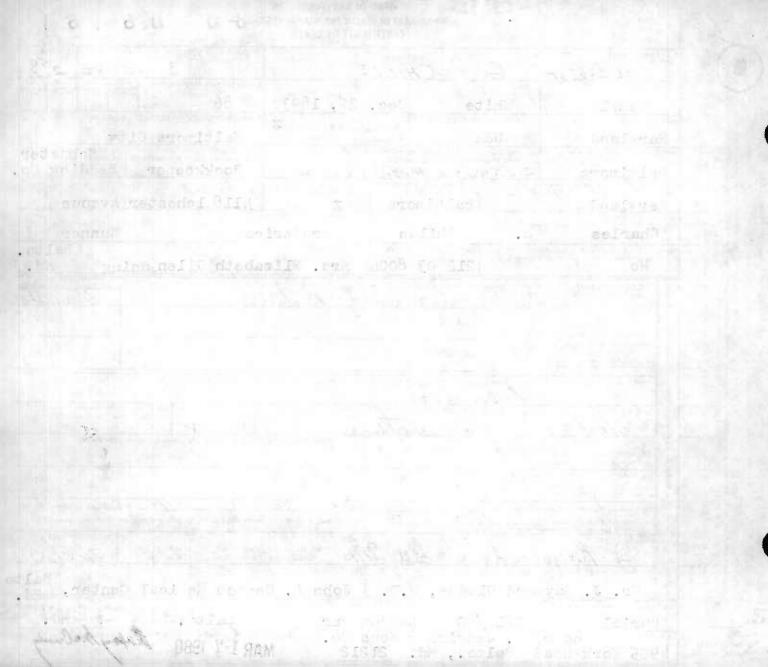




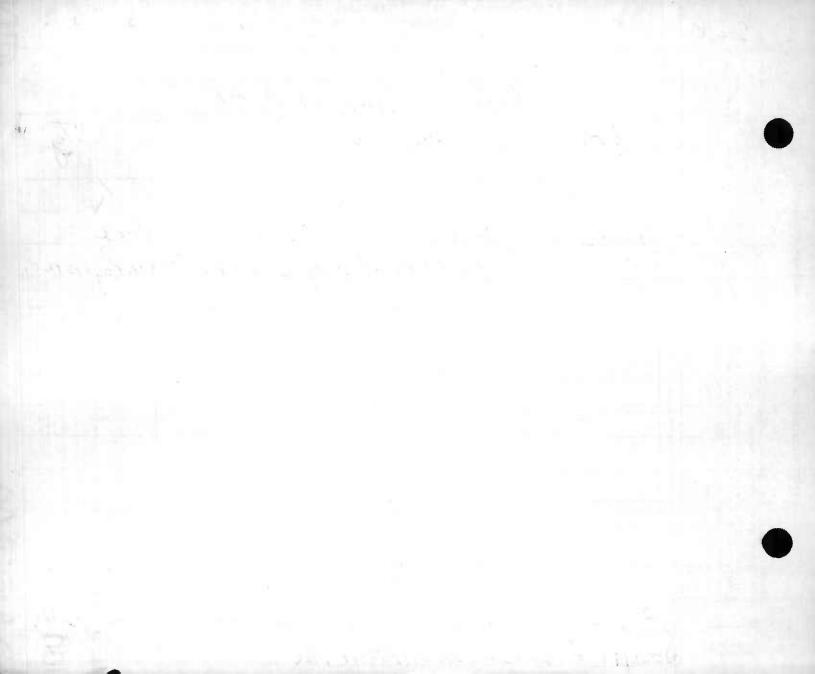
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH I. DECEASED NAME CHENOWITH LLEN IF UNDER 24 HRS 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX HOURS White 1913 Sept. 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Baltimore City. U.S.A. Maryland WIDOWED 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Good Samaritan Hospital Baltimore Set-up Man Communication USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 9215 Smith Avenue Maryland Baltimore NOXX IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME and 2 s MIDDLE Smith Charles MIDDLE Edna Chenowith ADDRESS 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 218-05-4119 Virginia Chenowith 9215 Smith Ave. 21234 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206, IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [YES T 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21f. LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased fram. 26 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated saw the deceased alive an, obove, (I) (we) (did) (did not) view the bady ofter death 22c. DATE SIGNED DEGREE 22b. SIGNATURE MEDICAL TO FUNERAL D should be detact with the State D DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 230. BURIAL, CREMATION, REMOVAL STATE Burial March 29'80 Druid Ridge Cemetery Baltimore Co 24. FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74 William E. Johnson 8521 Loch Raven Blvd. 21204

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DIVISION OF VITAL RECORDS, 201 W. IDING PHYSICIAN: The law requires that rending physician. After this certificate has been signed by 1 ss the burial-transit permit. Then please re the and Mental Hygiene prior to burial, cr marked or Item 18 shows any injury, or	MEDICAL	21d. INJURY OCCURRED	21R PLACE	OF INJURY		211. LOCATION	C.T. CO. LO.		COUNTY	
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2-6	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO
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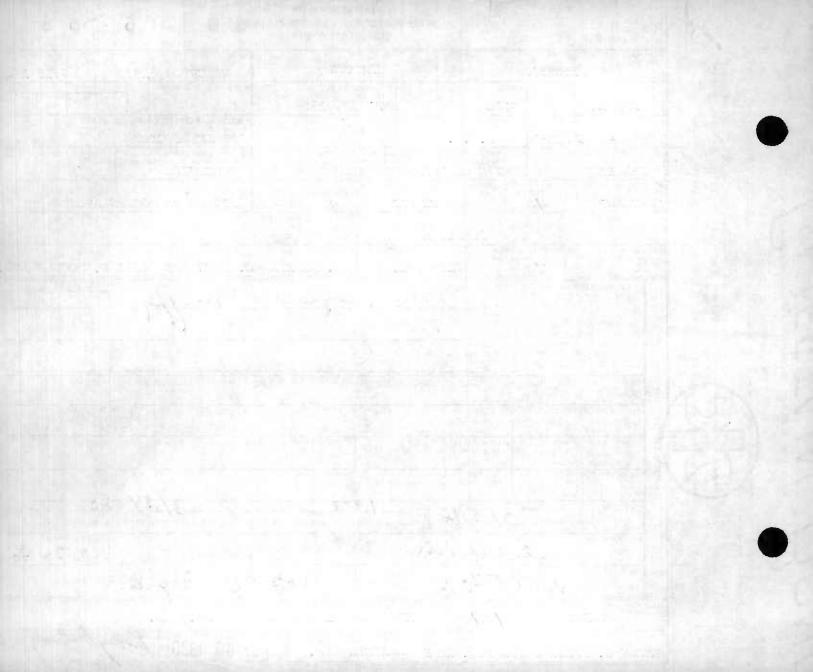
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ALOR A the hospit AL DIREC tached fo	If Item		226. SIGNATURE	ylew the body offer death.	DEGREE		22t. DATE SIGNED
AL DAL DE TE			James W.	Hacker	mo ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	3/22/80
SPIT by teR.	A I		178. PHYSICIAN'S NAME (TYPE OF	RPRINT)	22e ADDRESS		
TO HOSPITAL retained by the P TO FUNERAL E should be detach with the State D	MPORTANT		JAMES W.	HATHORN	Johns H	tookins Hospit	Fal
Teta To shoot	Σ-	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1234 LOCATION PARS	COUNTY A DAMS
BP			SURIAI	MAR. 26 15	T.AINYSUS ETE	PY LITTLEST	COUNTY STATE
F-4-1	-31	24 F	UNERAL DIRECTOR D		attle ton 250. DA	TE REC'D. BY REGISTRAR 250. PEGIST	RAR'S SIGNATURE
DHMH-16 2 (VRA 15, 4)		R	who of tital	34 Marsh	ane Pai 17340 MM	\$ 27 1980 Ting	ray

THE PROPERTY OF THE PROPERTY O BRATTANIA MEDIE DOUBS HONIERS HONE CARE CARROLL REGISSION The state of the s A HE PHALL IS TO SEE HE SEE TO SEE HE SHOW IN THE PARTY OF THE PARTY O the day of the same of the second to the second

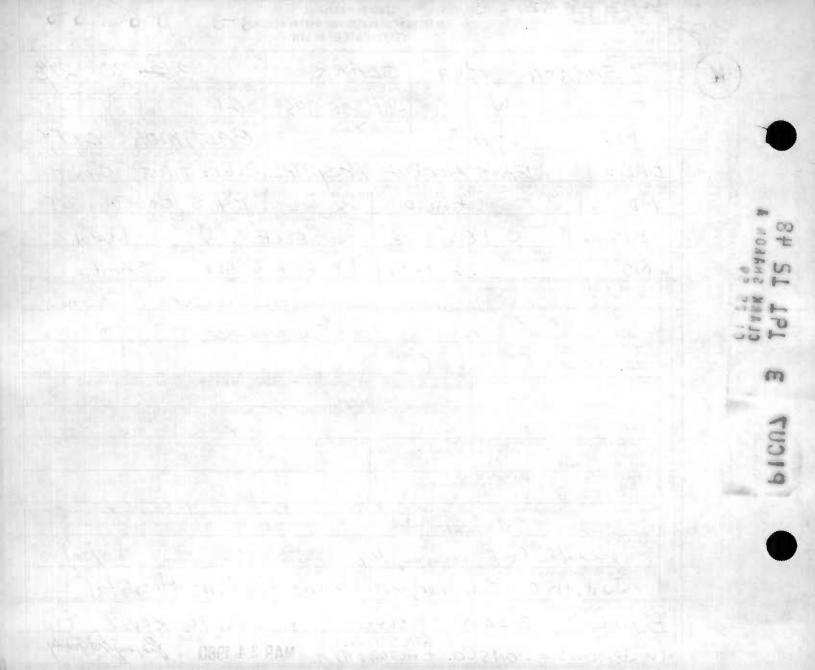
1	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0 6 4	6 5
	DECEASED NAME FIRST	MIDDLE	L/	AST	2a. DATE OF DEATH		AR 2b HOUR
D	(PE OR PRINT) ETHELLA	A	CLAN	ITON	MARCH 24	, 1980	6:15 A M
3. S	EX	4 RACE	S. DATE O		6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN
	FEMALE	BLACK		17, 1996	83	YRS	DAYS HOURS MIN
3 7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
	ORFOLK, VIRGINIA	U.S.A.	WIDOWE	D DIVORCED	BALTIMORE	CITY	MD.
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.		R OTHER INSTITUTION	12a USUAL OCCUPATI		ND OF BUSINESS OR
2/0		JEWISH CONVALES		OME	HOUSEWIFE		I/A
130	UAL RESIDENCE IF NURSING HOME OR 13b COUN 13b COUN N/A	OTHER INSTITUTION, GIVE RESIDENCE BER ITY 13c CITY OR TO BALTIMO	NWO	130 INSIDE CITY LIMITS?	13e STREET ADDRESS 4532 NORTH	ROGERS AV	ZENUE
14 F	FATHER'S NAME FIRST A	STRATTON		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
_	WAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRE	SS	
Dec.	NO (IF YES, GIVE N/A	213-26-	-1327	MRS. ETHELLA	C. REYNOLDS	4532 N.	ROGERS AVE
D 6	gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE CONDITION OF THE CONDITION FOR WHICH	O DEATH BUT I		NAL DISEASE OR CONI	20b. IF YES, WERE FI	NDINGS USED
TIFIC OWS					YES NO	IN CERTIFYING CAL	JSES OF DEATH?
EDICAL CER	OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18, PART 1 OR PAR	T 2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
TANT: If Item 21 is marked	220.1 certify that (1) (this hospin saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	1) view fhe body after death.	, an	19 d that in (my) (aur) apinian a DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	22c. C	n that (I) (we) lost in the causes stated DATE SIGNED 3/24/46
IMPORTANT	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	W (Per	ous.	STATE
	(SPECIFY) BURIAL	3/27/80	KING ME	MORWAL PARK	BALT., M		
76 24	FUNERAL DIRECTOR	ADDRESS	4600 I	TBERTY 250. DATE	P 0 1 1980	25b. RECOSTRAP'S SIC	MOS Steader

STATE OF MARYLAND

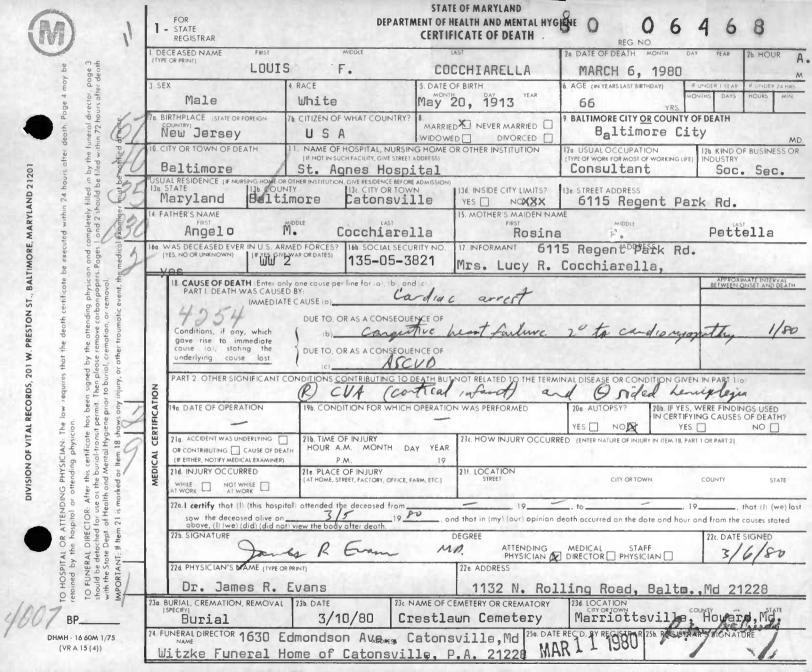


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12	4	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENG U	6 4 0 0
- 0		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
CEM)	{TYPE	SHARO	N ANN	CLARK	3/24	180 245 "
5 /	3 SEX		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
1		F	W	JAN 25 1959	21 YRS	MONTHS DAYS HOURS MIN.
· 8	7a B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	No.	9 BALTIMORE CITY OR COUNT	Y OF DEATH
335		MD.	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTIMOI	RE CITY MD.
233	10 CI	BALTO.	(IE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) HASOTAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
E			ROTHER INSTITUTION, GIVE RESIDENCE BEFOR			1907.
33	130. 5	MD 136 COU	177	N 134 INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS BOL	JLDIN ST.
еха	14. FA	THER'S NAME	MIDDLE / LAST	15 MOTHER'S MAIDEN NA		
3577		EDWARD	C HECKRAT	TE ESTELL	F MIDDLE	Doon
med	lán V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 186 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	DORIS
then			/E WAR OR DATES)		CIANI	= 1
= 1		140	212-70-	1324 TALE K.	CLARK S	SAME
even		IS CAUSE OF DEATH (Enter o	nly pne couse per line for (a), (b), an	d (CU)		BETWEEN ONSET AND DEATH
tic		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a) INCREA	SED INTRACRANIA	L PRESSURE.	36 hours
ma		431- IMMEDIA			. 100 33 4	54 770413
ract			DUE TO, OR AS A CONSEQUE	NCE OF	22:22	48 hours
Jer		Conditions, if ony, which	(b) POSS/10	LE CNS HEMO.	RR-HH6E	10110413
DE P		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCF OF		
0		underlying cause lost	(10)			
injury		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ANAL DISEASE OF CONDITION OF	VEN IN PART 1/a:
ri >	Z		_		THE DISEASE ON CONDITION OF	ALL WATER
any	E		NePHROTIC		200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
MO /	S.	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	IFYING CAUSES OF DEATH?
55	E				YES NO Y	ES 🛭 NO 🗌
Item 18	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2}
		OR CONTRIBUTING CAUSE OF DE		***		
5	MEDICAL	21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
1	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
		AT WORK	-	The state of the s		
		220 I certify that (1) (this hosp	ital) attended the deceased from_	3-18 19 80		, 19 8 7, that (1) (we) lost
n 2		saw the deceased alive ar	2:44PH 3-20 19	80, and that in (my) (our) opinian	death accurred on the date and ha	our and fram the couses stated
te		226. SIGNATURE	at) view the body after death.	DEGREE		22c. DATE SIGNED
-		14	(3)	ATTENDING	MEDICAL _ STAFF	
Ë		Judy or	. Dueste	M. O PHYSICIAN [DIRECTOR PHYSICIAN	3/20/80
4		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	11 / 11	
5	10	Judith	C. Bausher.	MD Johns +	HOPKINS HOS	nital
MPORTAN	-	2041711				114
	23e. B	SURIAL, CREMATION, REMOVAL	1 236. DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	1	BURIAL	13-24-80 N	10RELAND MEM.		LTO. MD.
	24 FI	JNERAL DIRECTOR			E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
25M 1/79	111	INTENTINE	1 Caul C C ADDRESS	ALTO, MO MAI	R 2 4 1980 Fin	frey/herrivery
		WINNING O	1 - 11/101 []	ICIO. I III	\ ~ _ UUU W '	

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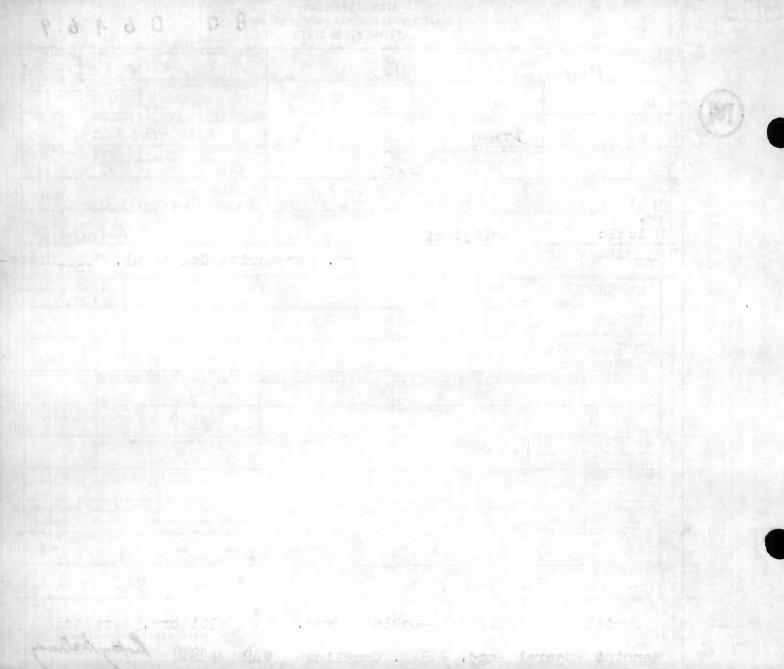


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Hoping St.	in Eloga Marion	
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(1) (1) (m) 与加州之中的	TOTAL CONTRACTOR	

				TATE OF MARYLAND		
10	1-	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	•	06469
		CEASED NAME FIRST	WIDDLE	LAST	REG. NO	ONTH DAY YEAR 26 HOUR
5	1,	Anton	Col	AZINNI		3 8 80 12:10
6	3 SE		4 RACE 5 DA	TE OF BIRTH	& AGE (IN YEARS LAST BIRTHE	
BHH.		M	W	5 17 YEAR	68	MONTHS DAYS HOURS MIN
LACT.		RTHPLACE (STATE OR FOREIGN)	TE CITIZEN OF WHAT COUNTRY?	RRIED A NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
- 1		Italy	771	OWED DINORCED	Balt:	imore City ,
5	.10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		176 USUAL OCCUPATIO	N 126. KIND OF BUSINESS C
837	B	altimore	Mercy Ho:	5 10	Retired	WORKING LIFE! INDUSTRY
G must	USU	AL RESIDENCE (IF NURSING HOME OR OT ATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	INSIDE CITY LIMITS?	13e STREET ADDRESS	
35		Md	Baltimore		3808 CF	remont ST
exa	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
500		Vicola	Colazinni	Julia	WIDDLE	RAFANELLA
a a	16a, V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECURITY N	O 17 INFORMANT	ADDRES	S
the		ESTATOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Mrs. Margh	erita Cola	zinni, 3808 Cl
ton, or rem		57/4 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE C	Etive Hesat	ilis	lyear
prior to burial, crematives any injury, or other	FICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		Ctive Hegat of BUT NOT RELATED TO THE TERM	20a AUTOPSY?	ITION GIVEN IN PART 1(0) JOB IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ygiene prior to burial, cremati 18 shows any injury, or other	ERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	200 AUTOPSY?	ITION GIVEN IN PART 1(6) 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
ygiene prior to burial, cremation 18 shows any injury, or other	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216. TIME OF INJURY HOUR A.M. MONTH DAY YE	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 211. HOW INJURY OCCUR!	200 AUTOPSY?	ITION GIVEN IN PART 1(a) 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Aental Hygiene prior to burial, cremation or Item 18 shows any injury, or other		Conditions, if ony, which gove rise to immediate cause ioi, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216. TIME OF INJURY HOUR A.M. MONTH DAY YE	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 211. HOW INJURY OCCUR!	200 AUTOPSY? YES NO PROPERTY NATURE OF INJURY	ITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE OF THE CONTRIBUTION OF	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216, TIME OF INJURY HOUR A.M. MONTH DAY YE P.M.	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 211. HOW INJURY OCCUR!	200 AUTOPSY?	ITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Yglene prior to burial, cremation 18 shows any injury, or other		Conditions, if ony, which gove rise to immediate cause iot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALWANDER	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 211. HOW INJURY OCCUR!	200 AUTOPSY? YES NO PROPERTY NATURE OF INJURY	ITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18, PART 1 OR PART 2] COUNTY STATE
th and Mental Hygene prior to burial, crematic marked or Item 18 shows any injury, or other		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hospite sow the deceased alive on	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216 TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) oil) offended the elecased from	BUT NOT RELATED TO THE TERM STION WAS PERFORMED 211. HOW INJURY OCCUR! STREET 19 211. LOCATION STREET	200 AUTOPSY? YES NO PROPERTY NATURE OF INJURY CITY OR TOWN	ITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
th and Mental Hygiene prior to burial, cremativ marked or Item 18 shows any injury, or other		Conditions, if ony, which gove rise to immediate cause iot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO 110. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospite	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216 TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) oil) offended the elecased from	BUT NOT RELATED TO THE TERM STION WAS PERFORMED 211. HOW INJURY OCCUR! STREET 19 211. LOCATION STREET	200 AUTOPSY? YES NO PROPERTY NATURE OF INJURY CITY OR TOWN	ITION GIVEN IN PART I (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
e Dept. of Health and Mental Hygiene prior to burial, cremativ T: If Item 21 is marked or Item 18 shows any injury, or other		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hospite sow the deceosed alive on above, (I) (we) (did) (did and on obove, (I) (we) (did) (did and on obove, (I) (we) (did) (did and on obove, (I) (we) (did) (did and other)	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216 TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) oil) offended the elecased from	BUT NOT RELATED TO THE TERM STION WAS PERFORMED 21t. HOW INJURY OCCUR! STREET 3 /4 19 50 DEGREE ATTENDING	200 AUTOPSY? YES NOW CITY OR TOWN , to 3 deoth occurred on the dot	ITION GIVEN IN PART I (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 20c. DATE SIGNED 22c. DATE SIGNED
T: If Item 21 is marked or Item 18 shows any injury, or other		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hospite sow the deceosed alive on above, (I) (we) (did) (did and on obove, (I) (we) (did) (did and on obove, (I) (we) (did) (did and on obove, (I) (we) (did) (did and other)	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 19 Original of the descaped from th	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 211. HOW INJURY OCCUR! STREET 211. LOCATION STREET 19. SO DEGREE	200 AUTOPSY? YES NO PROPERTY NATURE OF INJURY CITY OR TOWN , to 2 death accurred on the dat	ITION GIVEN IN PART I (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 1 COUNTY STATE 2 cond hour and from the causes stated
e Dept. of Health and Mental Hyglene prior to burial, cremativ T: If Item 21 is marked or Item 18 shows any injury, or other		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOT IFFY MEDICAL EXAMINER) 210. IN JURY OCCURRED WHILE NOTWHILE AT WORK SOW THE CONTRIBUTION OF WHILE AT WORK SOW THE CONTRIBUTION OF WHILE SOW THE GOVERNMENT OF WHITE SOW	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA 216. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 19 Original of the descaped from th	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 211. HOW INJURY OCCUR! AR 19 211. LOCATION STREET 19 214 19 216 ATTENDING PHYSICIAN 226 ADDRESS 226 ADDRESS	200 AUTOPSY? YES NOW CITY OR TOWN , to 3 deoth occurred on the dot	ITION GIVEN IN PART I (a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 1 COUNTY STATE 2 cond hour and from the causes stated
e Dept. of Health and Mental Hygene prior to burial, crematin T: If Item 21 is marked or Item 18 shows any injury, or other	MEDICAL	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE CAUSE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTHY MEDICAL EXAMINER) 21g. INJURY OCCURRED AT WORK NOTHY MEDICAL EXAMINER) 22g. 1 certify that (1) (this hospite sow the deceased alive on obove, (1) (we) (did) (did not) 22b. SEGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 211. HOW INJURY OCCUR! AR 211. LOCATION STREET ATTENDING PHYSICIAN 272. ADDRESS 301 St. Police	ZOO AUTOPSY? YES NO P NO P NO P CITY OR TOWN TO TOWN TO TOWN MEDICAL STAFF DIRECTOR PHYSICIA P - Ball Table LOCATION	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 226. DATE SIGNED 3 8 80 4 0. Md. ZVVZ
State Dept. of Health and Mental Hygiene prior to burial, crematical and Transfer of them 18 shows any injury, or other	WEDICAL 230. E	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK 270. I certify that (I) (this haspite sow the deceased alive on above, (I) (we) (did) (did not) 271. SIGNATURE	DUE TO, OR AS A CONSEQUENCE CO (c) ONDITIONS CONTRIBUTING TO DEATH 19b. CONDITION FOR WHICH OPERA 21b. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) OI) offended the deceased from Join office of the deceased from Join office of the deceased from Join office, FARM, ETC. PRINT! 22b. DATE 23c. NAME C	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 211. HOW INJURY OCCUR! AR 19 211. LOCATION STREET 19 214 19 216 ATTENDING PHYSICIAN 226 ADDRESS 226 ADDRESS	200 AUTOPSY? YES NO P RED JENTER NATURE OF INJURY CITY OR TOWN TO 2 deoth accurred on the dot MEDICAL STAFF DIRECTOR PHYSICI.	THON GIVEN IN PART 1(0) THON GIVEN IN PART 1(0) THE YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY TOURNEY TOURNEY TOURNEY STATE COUNTY STATE TOURNEY STATE COUNTY STATE COUNTY STATE



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irector, page 3

ottending physicion and completely filled in by the fun ove carbanpapers. Pages 1 and 2 should be filed with un

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbonipapers, P with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORIANT: If them 21 is marked at them 18 shows any injury, or other traumatic event, the m

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

-1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	The state of the s
I	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
ı	TYRON	IE R.	COLE SR.	March 16, 19	80 M
1	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ì	Male	Negro	1 DAY 50 PEAR	30 YRS	ONTHS DAYS HOURS MIN
Ì	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED █ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY	OF DEATH
4	MD	USA	WIDOWED DIVORCED	Baltimore Ci	.ty MD.
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
3	Baltimore	John Hopkins		(TITE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 134. CITY OR TON	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?	12. STREET ADDRESS	
2	MD	Baltir		817 Maderia S	Street
	14 FATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN NA		
	Charles	R. Cole	Edna	MIDDLE	Booze
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
ı	(YES NO OR UNKNOWN) (IF YES, GIVE	219-52	2-5758 Inez L. C	Cole 817 Maderi	a Street
ľ	18 CAUSE OF DEATH Enter on	nly one couse per line for at (b. o	ndic/ 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	-D RY.	er Rallma		
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ı	gove rise to immediate	1		. /	
1	couse to stoting the underlying couse lost	DUE TO, OR AS A CONSEQU	in Nephropel	to	
ı	DART 2 OTHER CICALIER AND	101	DEATH BUT NOT RELATED TO THE TERM	ALD ISSACS OF CONDITION OF THE	NI DI DARTI I
1		-ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WITHAL DISEASE OR CONDITION GIVE	N IN PART TO
┨	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED
	OH MA		NH		TING CAMPES OF DEATH?
\mathbb{H}	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR		0
	OR CONTRIBUTING CAUSE OF BE				
1	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f. LOCATION		
1		(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
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١	276. SIGNATURE	1 At mo	DEGREE ATTENDING A	MEDICAL STAFF	3/P/D
4	Janes.	hills In		MEDICAL STAFF DIRECTOR DPHYSICIAN D	7,400
	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	4 // /.	11
1	17AUL U	LIGHT	Oner	ersery works	00
	23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	THE LOCATION	COUNTY STATE
	(SPECIFY) Burial	3/21/80	Baltimore Cem.	Baltimore	MD

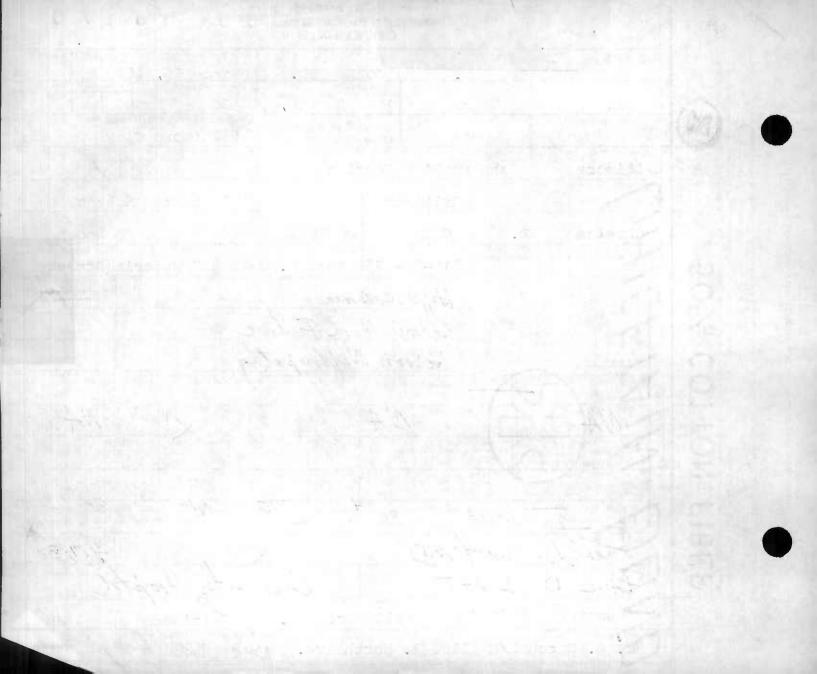
1101 E. North Ave.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR C. March F/H

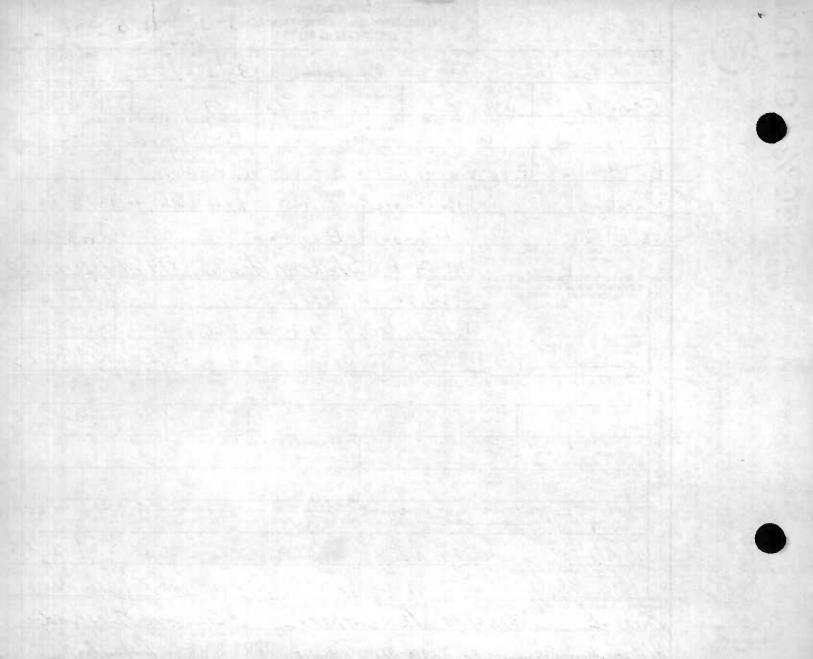
136 DATE REC'D. BY REGISTRAR 336 RECORAR'S SIGNATURE



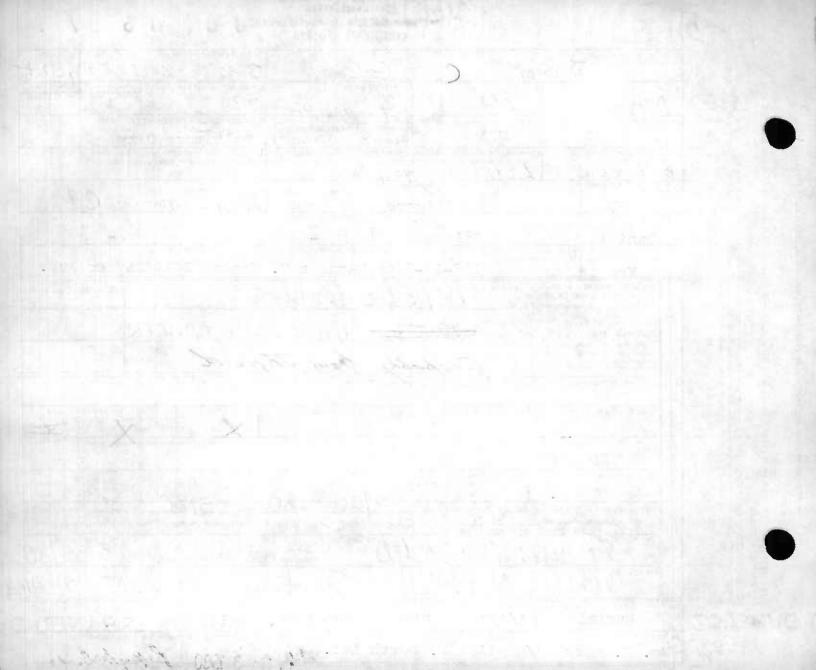
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) Brenda Coleman Jean DEATH MATED 17 19 80 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 7:00 Jan. 30, 195B 27 DEAD Female Black. 19 80 TO BIRTHPLACE (STATESTY) and 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Dorchester Co. U.S.A. WIDOWED -DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Supervisor-teacher School Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland YES X 6516 Pioneer Drive NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST OF VIT Willie Haves Mary Virginia Coleman 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. WITH FOR (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Mary Hayes, Box 207, Rhodesdale, Md. 215-58-6044 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple visceral and skeletal injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL Driver of auto/auto impact 3 14 1980 CONTRIBUTING CAUSE OF DEATH 6:55 XX 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK AT WORK Baltimore. street Old Harford Rd., Parkville, Md. TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SI BALTMORE, MARYDAND, 21 Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Accident X Hamicide ____ Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 3/17/80 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY Mar. 22,1980 Burial Reids Grove Cemetery Reids Grove, Dorchester, Md. 24. FUNERAL DIRECTOR 250. DA MARADO DE REGISTRAR 256. REGISTRAS ESIGNATURE LEGAL **DHMH - 17** ADDRESS Federalsburg, Md. (VR A15 ME (5)) Tamptom-Mawking p., neral Home, 216 N. Main St. 15M 7/77

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the full dwith	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
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the db		underlying cause lost	((c) 17 12 (12)	10 3 CA CHOILE E	ulder out	and years
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			t view the body ofter death.	Y ()	in death occurred an the date and	, mor (ii)
OR ATTEN e haspital DIRECTOR sched far u Dept. af He		obove, (I) we) (did (did no	t view the body ofter death.	DEGREE		121c DATE SIGNED /
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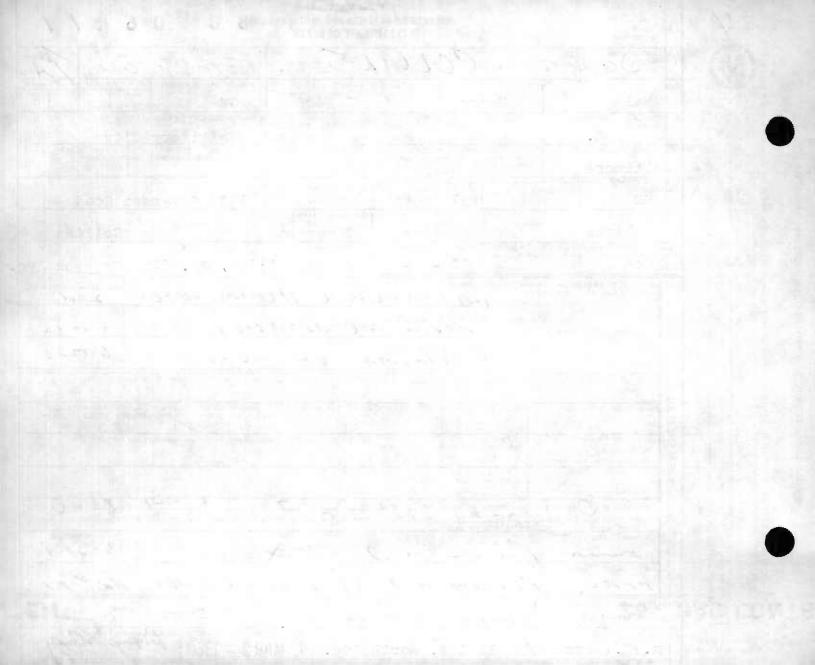
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DHMH - 16 60M 1/75	24 FUNERAL DIRECTOR	ADDRESS	21227	AR 3 1 1980	tray the bearly
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STATE OF MARYLAND

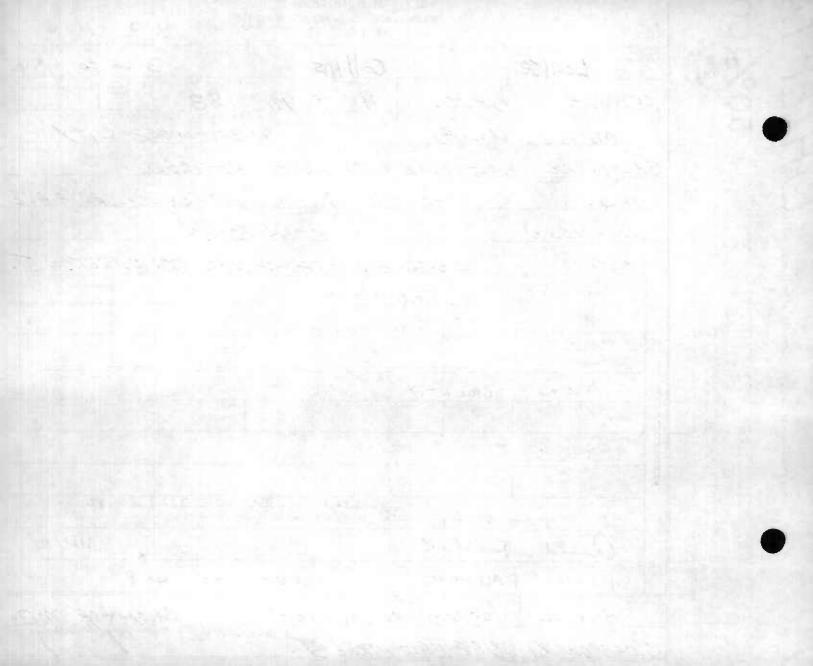
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ter			226. SIGNATURE	na nar) view me baa	y asser deam.		DEGREE			22c. DATI	ESIGNED
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IMPORTANT:	5	-	1/ K	25526				1 Em 5	-		
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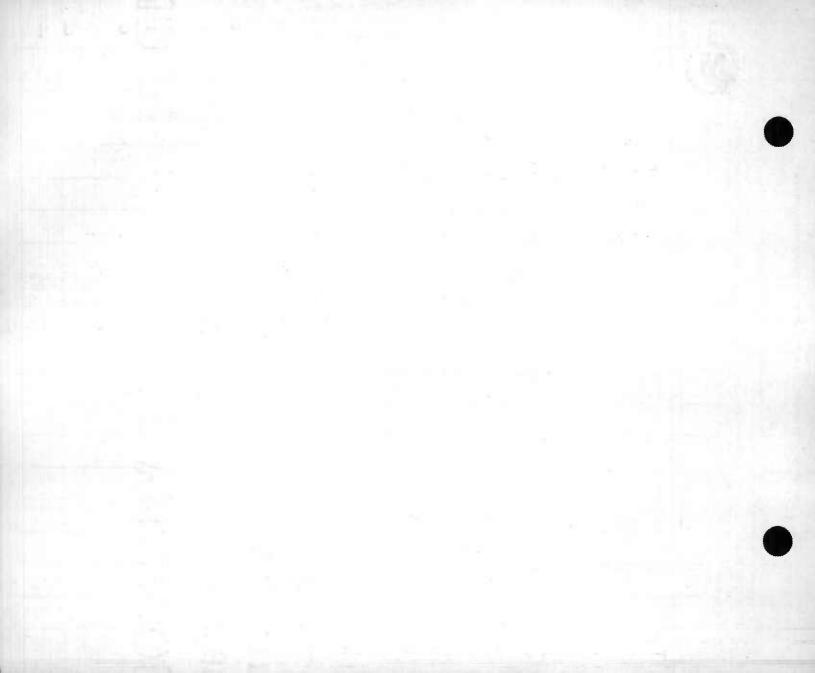


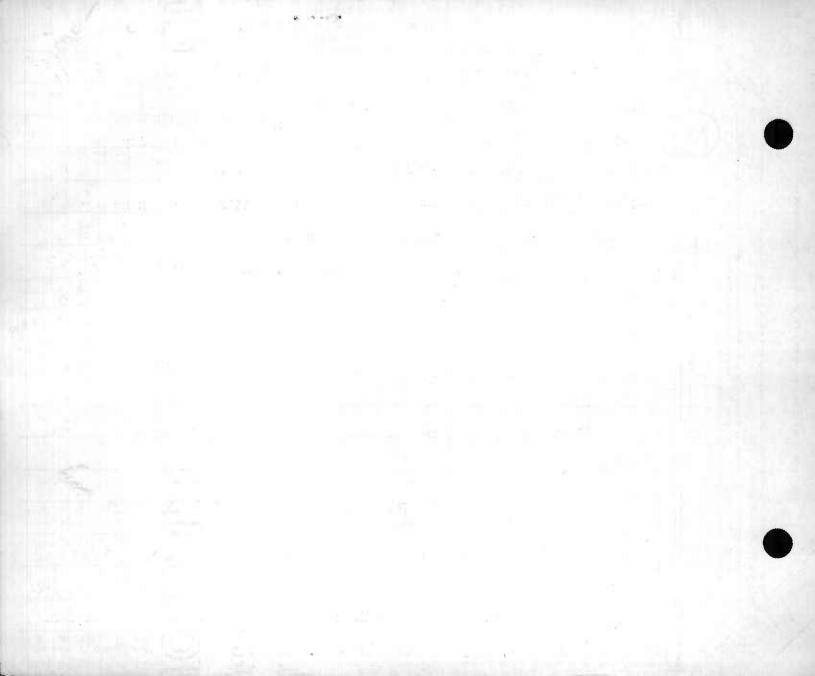
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	230.	BURIAL, CREMATION, REMOVAL	12 01 011	NAME OF CEMETERY OR CREMAT	CITY OR TOWN	COUNTY	STATE
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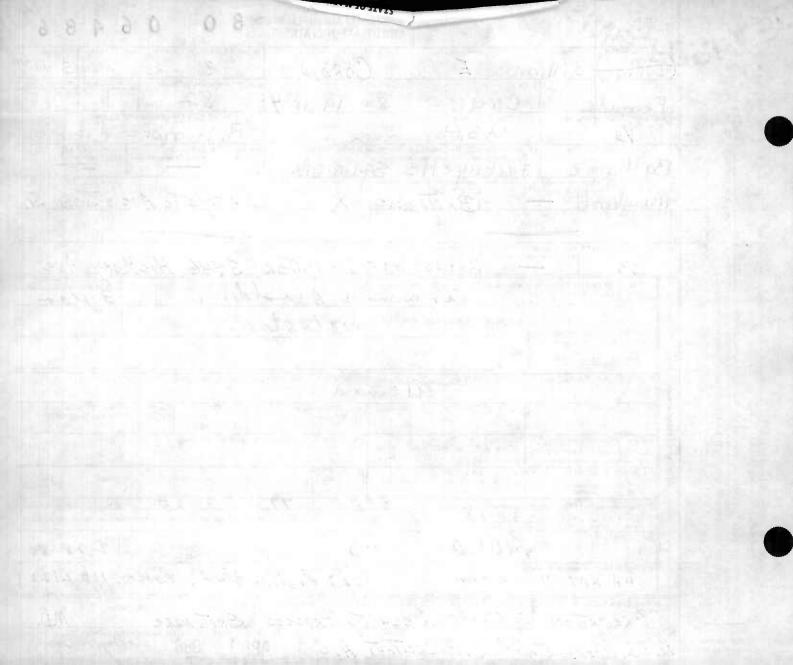
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by the hospital by the hospital ERAL DIRECT e detached for state Dept. of ANT: If Item 2		226. SIGNATURE	- A.	Pearso	~M.	ATTENDING PHYSICIAN	MEDICAL STA		22c. DAT	e SIGNED
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Per Creative Marian	23a	BURIAL, CREMATION, REMOVA (SPECIFY) /Burial	236. DATE 3/29/			emetery or crematory ns Of Faith	23d LOCATION CITY OR JOWN Baltimo	ore, M	county arylan	d STATE
DHMH-16 25M (VRA 15, 4) 1/79	24	UNERAL DIRECTOR NAME Leonard J.	Puck Inc	ADDRESS		25e. DAT	E REC'D. BY REGISTRAR	25h. REGSAT	RAR'S SIC	Cred

3 8 F 0 0 6 8 -O C 200 F 00

		1			MARYLAND				
1		1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 O	0	6 4	8 6
ay be	15	(3	ECEASED NAME FIRST		CORDIN	20 DATE OF DEATH	MONTH D	80	3:40 Am
age 4 m	rs al min	3. S	Female	Cauc	S. DATE OF BIRTH MONTH B 19 19 19 19 19 19 19 19 19	6. AGE (IN YEARS LAST BIR	YRS	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
death. P	72 hou	7a.	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	Baltimore City of	COUNTY		Hy MD.
201 ours after	by the fulled within	7	3altimore 1	DE NOT IN SUCH FACILITY, GIVE STREET HOPE	NG HOME OR OTHER INSTITUTION ADDRESS!	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
LAND 212	ly filled in sould be fi	4	JAL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	13c CITY OR TOW	E ADMISSION) 138. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA	130. STREET ADDRESS	Te Au	er J	Ohn ST
MARY Suted w	ompletel and 2 sh	2	FIRST MIDD	LAST	FIRST	MIDDLE		LA	ţī
TIMORE,	Pages 1 a	160	WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WAI		754 PD AUGITER	3446	HICK		Ave
201 W. PRESTON ST., BA	ned by the attending physi blease remove carbon pape urial, cremation, or remov ury, or other traumatic ev		Conditions, if ony, which gove rise to immediate couse to!, stoling the underlying couse lost.	DUE TO, OR AS A CONSEQUI	nioma of Alas ENCE OF Meters to	older t		34	MATE INTERVAL ONSET AND DEATH
ECORDS,	een sign Then por to bor to bor any inj	NO	PART 2 OTHER SIGNIFICANT CON	U CONTRIBUTIONS	DEATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CON	IDITION GIVE	N IN PARI II	D1
AL RECO	an. cate has bee it permit. T ygiene prior 18 shows ar	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO		WERE FIND IT	
	certification transport		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH D. P.M.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)	
DIVISION OF VIT	After this s the burial th and Mer marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TEN	Or a Lor a L		220 I certify that (I) (this haspital) sow the deceased alive on above. (I) (we) (did) (did not) vi	3-28-19	8 - 8 - , 19 77 50 , and that in (my) (our) opinion	death occurred on the d			that (1) (we) lost
TALOR	by the hospital ERAL DIRECT e detached for State Dept. of ANT: If Item?		22b. SIGNATURE	Leuton	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	-	SIGNED
O HOSPI	FUNE Solution to the Solution t		224. PHYSICIAN'S NAME (TYPE OR PRI	KHAN	223 Eester	n Blad,	Esses	(, MD	21221
-	BP	23a.	BURIAL, CREMATION, REMOVAL (SPECER)	3-28-80 -S	NAME OF CEMETERY OR CREMATORY ECURITY PROCESS	23d. LOCATION CITY OR TOWN	100	COUNTY	MSIATE
1105	DHMH-16 25M (VRA 15, 4) 1/79	24	FUNERAL DIRECTOR NAME Chenoweth	3 Rd 36/1-Ch		APR 1 1980		AR'S SIGNAT	



X	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	0	0	6 4	8 7
		CEASED NAME FI	RST		MIDDLE	-	AST	20 DATE OF DEAT		DAY YEAR	26 HOUR
ay be age 3 death		Frank			MARSH		lison, SR.	March		1980	12:52pm
age 4 m2 br, p2 ter c	3 SE	MALE		RACE WHI	TE	S DATE O		6. AGE (IN YEARS LAS	73 YR		S HOURS MIN
deeth.	BE	RTHPLACE ISTATE OR FOREK DUNTRY) THANY, MISSOU	RI	U	S.A.	MARRIE		Baltimorecii Balt:	-	City	MD.
burs after		ty or town of DEATH ltimore	11.	The	HOSPITAL, NURSIN CHEACUITY, GMESTICET JONNS HO	ADDRESS!	s Hospital	126. USUAL OCCUI (TYPE OF WORK FOR MC CHAUL	PATION OST OF WORKIN	G LIFE) INDUSTA	OF BUSINESS OR RY EASTERN CAB
NNO 212	USU.	AL RESIDENCE (# HURSING	COUNTY		13c CITY OR TOW BALTIMO	N	134. INSIDE CITY LIMITS? YES X NO	13 STREET ADDRE	SS PRA		# 21224.
makyl	14. FA	CHARLES	EĎW	ÄRD (CORNELISO	N	15. MOTHER'S MAIDEN NAME FIRST	MIDDI	LE	2 1	LAST
findore, the mee	16a. V	VAS DECEASED EVER IN ((ES, NO OR JINKNOWN) (IF	U.S. ARMED YES, GIVE WAI		217-09-		FRANKLIN M.		N,JR.	3804 E. BALTO.,	PRATT ST. 21224,MD.
Water Countries of the		IS CAUSE OF DEATH (E PART I. DEATH WAS	nter only o	ne cause per	r line far (a), (b), an	d (cs.)	Λ.			APPRI	OXMATE INTERVAL
4ST.			MEDIATE C		KESP	TASTI	assault have	357			1 min
t the death ce the carbon srange of the transfer of the transfer of the transfer of the transfer trans		Canditions, if any, what gave rise to immedi		DUE TO, O	R AS A CONSEOU		NIA				23 days
		cause (a), stating	the last.		CAT CONSEQU		recinoma o	SF LUN	JG	>	6 months
w requirent signe of the please of the pleas	NO		CANTON	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART	1(a)
DIVISION OF VITAL RECORDS, 201 W TDIVICATION OF VITAL Re law requires th sitendian Spysicial. After this certificate has been signed by s the burial-transit permit. Then please th th and Mental Hygiene prior to burial, marked or I tem 18 shows any injury, or	CERTIFICATION	190 DATE OF OPERATION	7	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CEI	YES, WERE FINE RTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
OF VITA SECOND Certificat Leansit paral Hygin Item 18		210. ACCIDENT WAS UNDERLY OF CONTRIBUTING CAUS	SE OF DEATH		OF INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR		-	18, PART I OR PART 2)
Nog Her this feet this he burial and Mer	MEDICAL	214. INJURY OCCURRED		21e PLACE			211 LOCATION STREET	CITY O	TOWN	COUNTY	STATE
PIN FTENDI FTENDI F TOR: A Use as t F Health		226 I certify that (I) (this				3 -	id that in (my) aur) apinian a	, to 3		. 19_80	, tha (I) (we) last
DIRECTORY AT IT ITEM	H	saw the deceased a abave (1) we) (did) 22b. SIGNA PORE	(did nat) vi	ew the body	after death.		DEGREE	Electronic en			TE SIGNED
SPITAL 1 by the NERAL oe detac TANT:		224 PHYSICIAN'S NAME		Jul	uply	9	ATTENDING PHYSICIAN [DIRECTOR PH		7 3	5-16-80
TO HOSPI retained by TO FUNEF should be d with the St	22- 0	ROBGET (LAME OF S	APT GIZ SSC	NO. TORONO DEST	MAN MAN	, BOUTIN	ucre, MD
260X BP	(:	URIAL, CREMATION, REA SPECIFY) BURIA		3-20-	-80	OAK L	AWN CEMETERY	7225 EA	STERN	BLVD., B	A.CO.MD
DHMH-16 25M (VRA 15, 4) 1/79	6	NAME NAME	levr	Sondr	6224s E	STERN 10., 2	AVE . 1224, MD . 256. DA	AFRO BY REGIST	AR 25b. REC	STRATESIGN	Metrody

7 8 A 6 O 6 A 8 7 acettation of the conversion , SE, Conve 3001 225 . 1306 , Falling EAS TREE AND THE RULE TO A STOR IN BROW B. PRATICION & RELIGIO CHARLES EDWARD CORRELISON . LEEN 3804 .. ADRI .. AORE NO STATE STATE STATE NO CONTRACTOR NO CONTRACTOR OF STATE OF THE STATE TOTAL TRANSPORT OF THE STREET 11301 Land State State of Mysell 3 5 CALCERO SOLUTION OF LINES Lund 7225 EASTERS DEVD., No. CO., Ph. 08+05-c w.L. 1 10 11 11 11 11 11 11 11 . 1226, H.

2 3 1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENEO 0 6 4 8 8
	DECEASED NAME FIRST	TUNNEY	COTIMAN	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR, 3 22 80 1:00 P
3 :	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MIN MONTHS DAYS HOURS MIN
70. Value 10. Va	MALE BIRTHPLACE (STATE OR FOREIGN COUNTRY)	BLACK 76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Over	IARYLAND CITY OR TOWN OF DEATH	U#S.A.	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	BALTIMORE, CITY MD
4	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LABORER
130	SUAL RESIDENCE (IF NURSING HOME O B STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) NN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS 2421 LORETTA AVENUE, 21223
20	FATHER'S NAME HEZIKIAH	MIDDLE	MAN INEZ	
Ď /		RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 216 20		TYSON 1353 KITMORE AVE.
any injury, ar ather traumatic			SIG 4/TENO CAPCINOM PENCE OF	WINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 1200 AUTOPSY? 1206. IF YES, WERE FINDINGS USED
8 shaws any injur	190 DATE OF OPERATION WORLD			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
or Item I	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR 19 211, LOCATION	CITY OR TOWN COUNTY STATE
21 is marke	AT WORK AT WORK	ital) attended the deceased fram	3900 L OCH I	RAVEN BLVD. BALTO. MD. 21218
MPORTANT: If Item	276 SIGNATURE	Lomait 1	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF 3/22/80
With the Store	Arthur 7.	Lomano	Loch Raven	V.H. Hospital
230	BURIAL, CREMATION, REMOVAL		T. ARBURN CEMER	
776	FUNERAL DIRECTOR NAME HERBERT E. N	UTTER 3035 W.	NORTH AVE	15 REGID, BY REGISTRAR 256, GISTRAR'S SONATURE

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says ins me s	***	1.4	0.37(300)		
	3.6		DLACE	THAN	
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Section Street, Street					DHAIMEAU,
		TERE OF			
AVES TELEPTO, METATOL III, ETT		11-2 118	12+2		31
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1-	FOR STATE REGISTRAR		ME	DEPARTMENT OF				O REG	0 6	4 8	9
	ECEASED NA/	AE FIRST	ew	WIDDLE	Cot	ton		OF ESTI- EATH MATED		3 28 ₁₉ 80	
3. SE	ale	1. RACE black	5 DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONTHS	1 YR. IF UNDER		DATE NOUNCED DEAD	3	29 YE	2d. HOUR 8011:14
7a. 8	BIRTHPLACE FOREIGN COUNTRY	STATE OR	76 CITIZEN OF W		Ta .	NEVER MARR	IED LE	altimore cit			d MD.
	Baltimo		11. NAME OF HO	SPITAL, NURSING HOACILITY, GIVE STREET ADDRESS Chelsea	ne, OR OTHER IN Cerrace	NSTITUTION	FOR MOST	OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	OR INDI	JSTRY
	STATE Md.	E (IF IN NURSING HOME OF		136 CITY OR TOWN	13d.	INSIDE CITY LIMITS?	13e STREET /	ADDRESS helsea	Terr	race	
	Dail	PY	MIDDLE	Cotton			/BWN	WIDDLE		LAST	
160.	WAS DECEAS YES, NO, OR UNKN	ED EVER IN U.S. ARM IOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES)	2/5-07-3	396 P	lbertu:	s Good	SON 26		Hoffin	
	Canditi gave cause (EATH WAS CAUSED	BY: A: E CAUSE (a) DUE TO, OI	e far (a), (b), and (c).) rterioscler R AS A CONSEQUENCE R AS A CONSEQUENCE	OF	rdiovasc	ular di	Lsease		BETWEENO	MATE INTERVAL INSET AND DEATH
NO	PART 2 OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (a).				
CERTIFICATION	190. DATE C	F OPERATION	19b. COND	ITION FOR WHICH OP	ERATION WAS P	ERFORMED?				20. AUTOP	
	UNDERLYIN CONTRIBUT	ING CAUSE OF D	EATH P.A	A. MONTH DAY YE.	AR	NJURY OCCURRE	D (ENTER NATUR	RE OF INJURY IN ITEA	A 18 PART 1 OR PA	RT 2)	
MEDICAL	21d, INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, STORY, FARM, ETC.)	21f. LOCATI STREET		CIT	Y OR TOWN	co	UNTY	STATE
	220. I cer death resu ACTUAL SIGNATURE	Ited fram: Nature	e af the remains de	scribed abave, held an Accident ,	Autapsy [suicide	Hamicide	Undetermin	nquiry , ned manner .	and in my as , DATE SIGNE	March	n 30,80
2	EXAMINER'	INT)	rmez R.	Guard, MD	ADD	KE33		treet,I	3alto.,	MD 21	201
	BURIAL, CREM (SPECIFY) BULY FUNERAL DIRE	ATION, REMOVAL 23	4-2-80	Mt.Cal	1	カセソ・	23d. LOCAT CITY OR TO PAREC'D. BY REC	c Hill	A.A.C	DI DI	state Md.
29.	Rand	Polo Q. Col	lick 243	E. Oliver	St.	APR	1 19	-	itry !	ke Ches	4

March Apple - Control transfer in the case of the final site. There is Company of the second party of the car. Oliver, Just a decrease the The same of the sa

3/26/80

Witzke Funeral Home of Catonsville, P.A.21228

24 FUNERAL DIRECTOR 1630 Edmondson Ave. Baltimore Md.

Burial

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

Parkwood Cemetery

REG. NO

26 HOUR

HOURS

17h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO F

STATE

AONTHS DAYS

INDUSTRY

Pruck

YES !

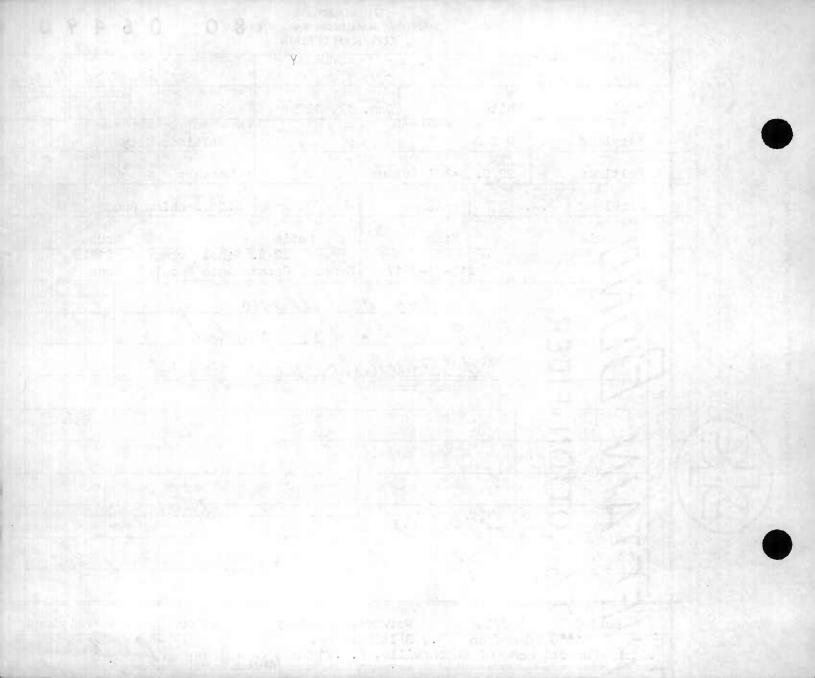
Parkwood

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

TK DATESIGNED

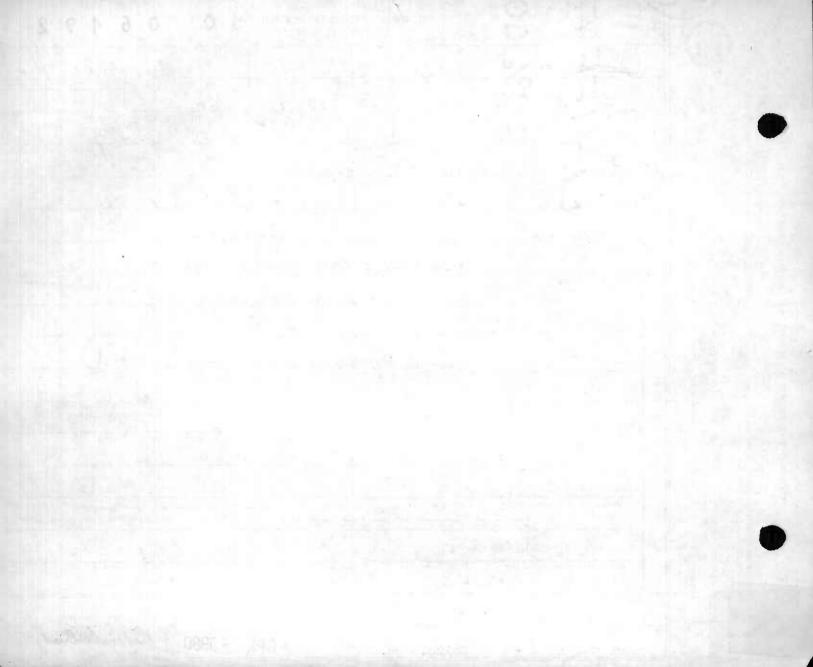
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_/	Items 21a-22a G547 9/4/80 dad C STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 6 4 9 9
N/E	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
11)	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	JOSEPH CRAWFORD 3 26 80 7 AM
	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HBS MONTH DAY YEAR MONTHS DAYS HOURS MIN
	TO STRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH
99	COUNTRY) 21.5 A. WIDOWED DIMORCED DE SETTIMENT OF BEATTY
2	0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 11/6 KIND OF BUSINESS OR
31	Baltimare Battingy Eity Haspetals
ust be	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, 8TREET ADDRESS
E -	Maryland WIC Salisburg YES NO B Springfull Kd.
2 20	V—FIRST MIDDLE LAST FIRST 2 MIDDLE LAST
_	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
The de	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 426-07-1112 Dest Records 4940 Castery and
	18 CAUSE OF DEATH lEnter only one cause per line for lat. (b), and Ic. PART I. DEATH WAS CAUSED BY.
c ever	LID THE MANEDIATE CAUSE 101 acrass & hyperhalemia
to E	DUE TO, OR AS A CONSEQUENCE OF
uart r	Conditions, if ony, which gave rise to immediate couse 101, stating the DUFTO ORAS A CONSECUENT OF
othe	underlying cause last DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE O
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
alor Ac	Third defice burns 190 Date of operation was performed 200 Autopsy? 200 If yes, were findings used in certifying causes of death? 210 Yes No Yes
WS OF	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IN NOT
la sho	YES NO YES NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR I I FEITHER, NOTIFY MEDICAL EXAMINER) 7:102-10. 3/26/8019 fell against stove
Morkedor	THE FITHER, NOTIFY MEDICAL EXAMINER) 7:109MA 3/26/8019 fell against stove 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
	ATWORK ATWORK AT home Salisbury, Maryland
	27a.1 certify that (I) (this hospital) attended the deceased from 19 , to 19 , to 19 , that (I) (we) last saw the deceased olive on 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
em 21	saw the deceased olive on 3/26 19 80 above. (I) (we) (did) (did not) view the body after death. 19 80 above. (I) (we) (did) (did not) view the body after death. 19 80 above. (December 226. SIGNATURE) DEGREE 226. SIGNATURE
T. If Item	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 7/26/80
TANT	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
IMPORT	M. A. DABEZIES BALTIMORE CITY HOSPITAL
IMPORTA	30. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
-	Removal 3/28/80 256, DATE REC'D, BY REGISTRARIZS BARGISTRARIZ SANATRE
775	NAME ADDRESS ADD 2 1980
	Anatomy Board Balto., Md.



5/17-7	7	1			STATE OF MARYLAND				
	1	1.	FOR STATE	DEPARTA	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 O	0	6 4	9 3
	X	LDE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH D	AY YEAR	Les mone
o est			OR PRINT)					1	2h HOUR
ay b			2047	T	kaw ford	গ্ৰ	3 5	80	10 AN
4 m or, n fter	esi .	3 SE	MALLE	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST OF		FUNDER I YEAR	IF UNDER 24 HRS
Page rect	ouc		MAIG	BLACK	9 1 1894		YRS.		
al di	to Co	70 B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED M NEVER MARRIED	BALTIMORE CITY	OR COUNTY	OF DEATH	
funer in 72	277		laryland	U.S.A.	WIDOWED DIVORCED	BALTIMO	RE CI		MD
after the fur within	ou ale	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
by by	#10		ALTIMORE	JOHN DEA	TON MEDICALLA	- CIICADARA			SYSTEM
24 ho	E	USU.	AL RESIDENCE (IF NURSING HOME (TATE 1136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY 13c. CITY OR TOW		13e. STREET ADDRESS			
thin 24 y filled ould be	25	MZ	ARYLAND	BALTIMO		2914 Elq	in Av	е.	
with shows the	exar	14. F/	THER'S NAME	MIDDIE LAST	15. MOTHER'S MAIDEN NA	AME			
omple and 2	空(9/)		Benjamin	Crawfor	d Floren	MIDDLE		LAS	,τ
× 0	med		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDR	ESS		
e be ey	the last		ES, NO OR UNKNOWN) (# YES, GI	NE WAR OR DATES) 220-05-	2889 Mrs. Marth	a E Craw	ford '	201/ 1	Elgin 7
cate iciar iciar iciar	event,		IN CALISE OF DEATH (Fater	only one couse portine for (o), (b), one		a B. Claw	LOLG .		MATE INTERVAL ONSET AND DEATH
phys pape			PART I. DEATH WAS CAUS	SED BY.	Tailun			- LIWEIN	- CLO ON A
th ce ling I	traumatic		11 a Co a IMMEDIA	ATE CAUSE (a)	(active			1	Acres 1
dea tend car on,			7070	DUE TO, OR A CONSEQUE	NCE OF			100	Omna
the at	other		Canditians, if any, which gave rise to immediate	16)	2,			1	COUT
that by the e ren	ă		cause (a), stating the underlying cause last.	DUE TO, OR ASH CONSEQUE	NCE OF			110	100000
uires Ined I pleas	injury,		PARTO OTATO CONTROL	(10) 13 5 6	0 - 9 -			1 50	40031
n sign	<u>S</u>	ž	PARI 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO F	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART I	01
e law s bee iit. Th	us au	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	T20h IF YES	WERE FINDI	NGS USED
V: The te has permi	smoys 9	띪				YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
AN ian. icat icat sit p	00 -	ER	216. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUP				NO []
PHYSICIAN: ng physician. this certificate urial-transit pe	eg G		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DA	Y YEAR	(a			
H D D D D D D D D D D D D D D D D D D D	ā	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION				
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poge 3		(TYPE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH 3/5/80	DAY YEAR	26. HOUR 8:30P
ge 4 may		3. SE	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Female White APRIL 17, 1908 71 YEAR 71 YEAR 71	IF UNDER 1 YEAR	IF UNDER 24 HR HOURS MIN
death. Po	35	7a. BI	RTHPLACE STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 9.	y of DEATH ity	
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cate be executed within 24 haurs ysicion and completely filled in by appers. Pages 1 and 2 should be filled wall.	30	-	atter's Name ate William Montgomery LAST LAST	LAS	ST
be execution ond cars. Pages 1	2		was deceased ever in u.s. armed forces? 166 social security no. 17. informant Address ves, no or unknown) (if yes, give war or dates) 216 03 4824 Richard D. Crawford Sr. 5918	St Mary	s St
squires that the death certificate signed by the attending physics. Then please remove carbon paper to buriol, cremotion, or removal.		NC	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE TO DR AS A CONSEQUENCE OF Conditions: if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1	(01
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3 PHYSICIAN: The Literal physician. This certificate has the burial-tronsit per the burial-tronsit per and Mental Hygiene end ar them 18 shows.	9	MEDICAL CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.M. 19 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH L DECEASED NAME HTMOM (TYPE OR PRINT) 3. SEX AGE /IN YEARS LAST BIRTHOAY! H UNDER I YEAR YEAR DAYS 1909 CITY OR COUNTY OF DEATH 9 BALTIMORE ISTATE OR FOREIGN NEVER MARRIED COUNTRY WIDOWED DIVORCED OWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY ould be USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRE YES NO tely 2 sh 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY Cast o IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF airporthmer Anddeesel Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO M 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 10 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from, sow the deceosed olive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (We) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 274 SIGNATUR DEGREE ATTENDING MEDICAL STAFF Should be detowith the State D PHYSICIAN DIRECTOR PHYSICIAN Z MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS A SABURGO, 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore Co., "Md. Burial 3/10/80 King Mem. Pk. 24 FUNERAL DIRECTOR 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 1101 E. North Ave. (VR A 15 (4)) Wm C March F/H

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH HETEN 26 HOUR Helen 80 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) Female Oct. 23. White TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME 12b. KIND OF BUSINESS OR Homemaker Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY Baltimore 2729 Chesterfield Ave. Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sauerland MIDDLE Rebbecca Henry Schmidt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS address 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-44-1450 Arthur V. Creamer, Jr., son, same 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 24/2 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3 weeks Conditions, if ony, which preumone gove rise to immediate underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Item 18 sho 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an. (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED MEDICAL should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 220 PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS Jarrel1 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md. Entombment Baltimore, Lorraine Mausoleum 3331 Brehms Lan & Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE " Schifffunek Funeral DHMH - 16 60M 1/75 ration Malreade (VR A 15 (4)) Balto . . Md . 21213 Home, Inc.

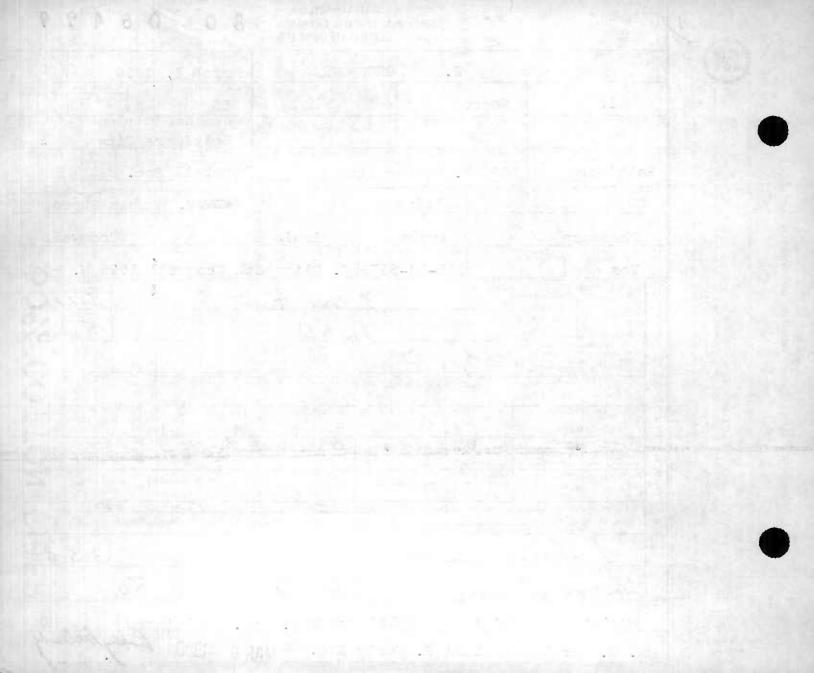
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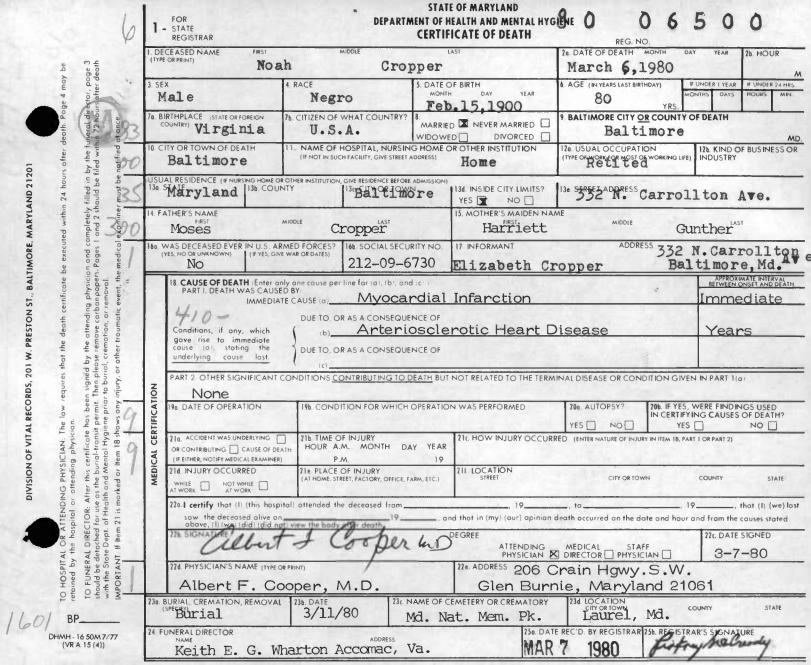
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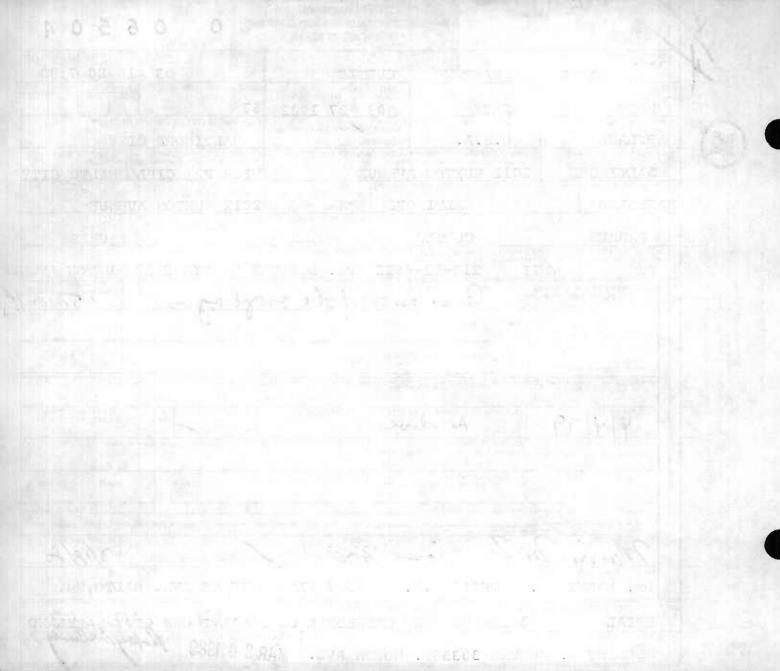
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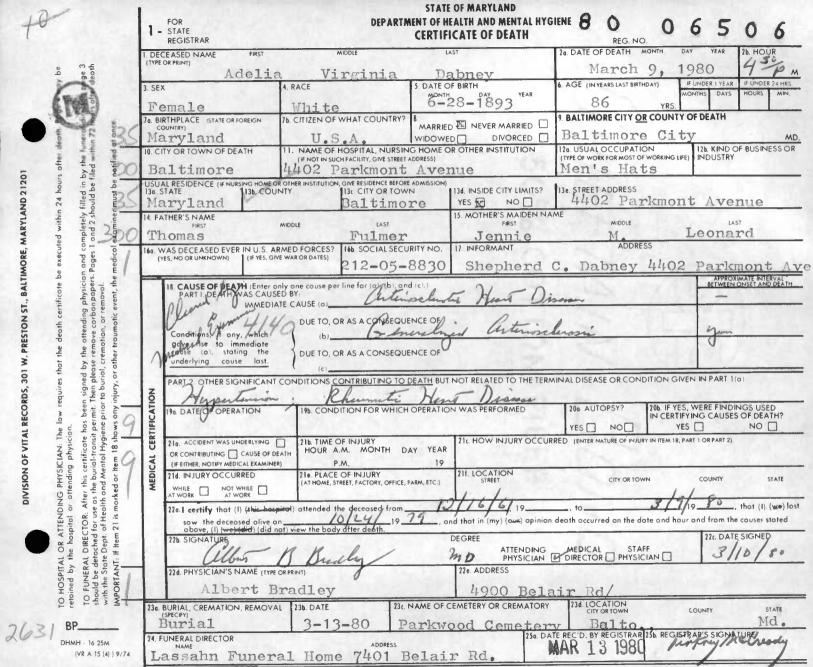
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NECESSARY PLEASE FUNRAL DIRECTOR. 5 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	1	S.C.	Us	SA	WIDOV			ore City	MD
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ON ST., I		18 CAUSE OF DEATH (En	AUSED BY:	e for (a), (b), and (c).	rotic	cardiovaso	cular disease	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 300ED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAR PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONC	OITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	iRT 1 (a).		
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SHAPE THE SHAPE SH		4 0	0	9		MESISLAIL	MEDICAL EXAMINER	SIGNED	3-10-00
SCUT SCUT FER LER LER LER LER LER LER LER LER LER L		(TYPE OR PRINT)	Margarita A	. Korell,	M D	ADDRESS 111	Penn Street		
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21	23a.B	URIAL, CREMATION, REMO				R CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE
107 BP		Burial	3/19/80	King	Memor	ial Park	Baltimor	e Co	. MD
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THE RESERVE OF THE PROPERTY OF STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Andrew Jackson Dail, Jr. HNaveu 5 DATE OF BIRTH A AGE CIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS Male White To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland DIVORCED timore IL CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

Beth. Stee INDUSTRY Baltimore Steel Samarti DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ma lownshipld. 21222 Dundalk 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Andrew Dail Willey Elizabeth Mary 21222 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-09-0149 Mrs Jane D. Duffy 7103 Dunshire Way 18 CAUSE OF DEATH (Enter only one couse per line for 10% (b), and 10 PART I. DEATH WAS CAUSED BY: Cardioreopiratory arrest Interstitial pulmonary fibrosis JAN. 1980 Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED ö IN CERTIFYING CAUSES OF DEATH? or Item 18 shows NOF YES [NO [and Mental Hygi 71n ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 19.80 sow the deceased alive on 32 above. (i) we) (ii) (did not) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 225 SIGNATURE DEGREE 22c. DATE SIGNED should be with the Lunn Billingslex 5601 LOCH RAVEN BLUD BACTO. MO. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial 3/31/80 Emory Chapel Church Upperco Carroll - Md BP

Duda A Ruck, Inc. 7922 Wise Ave. Balto. Ma

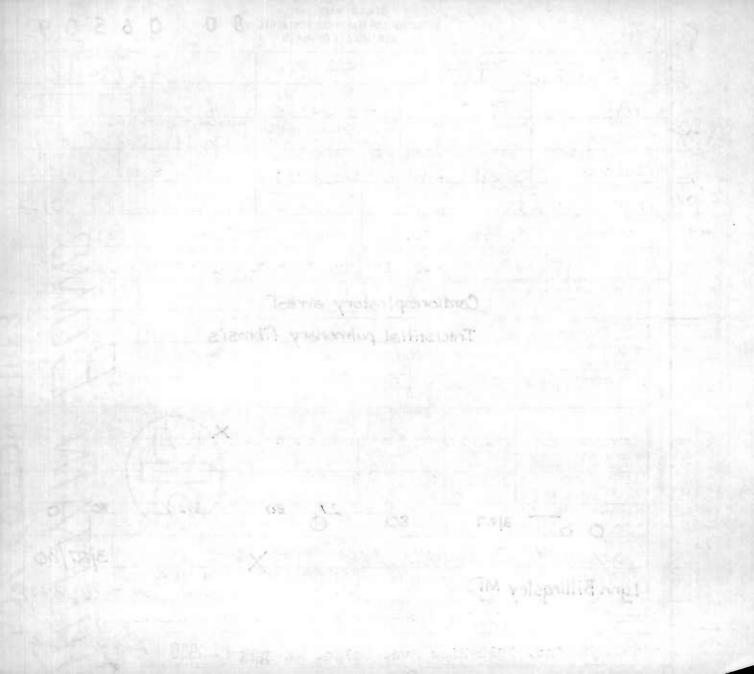
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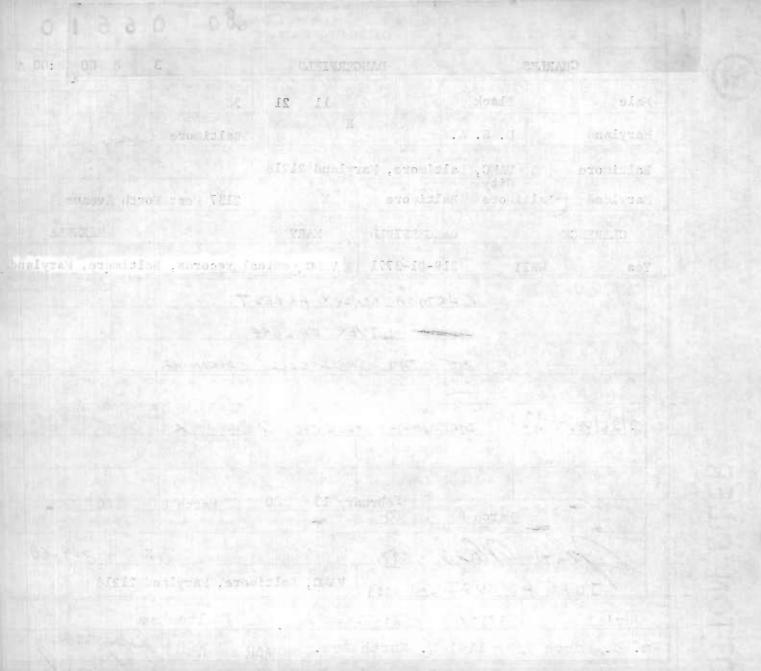
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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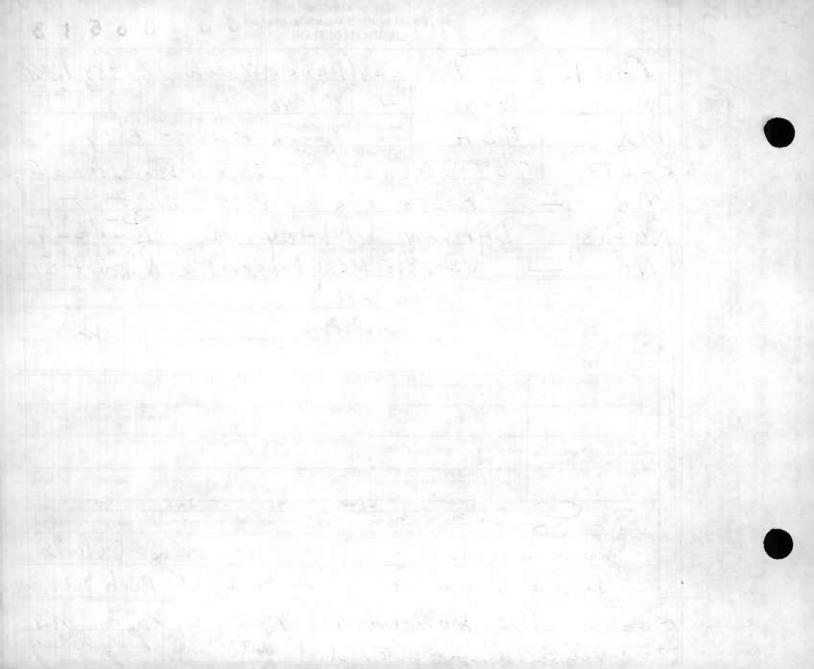
DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) CHARLES 8:00 A 8 80 DANGERFIELD 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS HOURS Black 21 Male BIRTHPLACE STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. Maryland Baltimore WIDOWED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore VAMC, Baltimore, Maryland 21218 USUAL RESIDENCE (IF NURSING HOME OR OTH & NEW THON, GIVE RESIDENCE BEFORE ADMISSION filled auld b 2137 West North Avenue 13a STATE Baltimore 13d INSIDE CITY LIMITS? Baltimore Maryland YES TA NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE MAXWELL MARY CLARENCE DANGERFIELD 201 W. PRESTON ST., BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-01-3771 Yes WWII Eva F. Dangerfield 2137 W. North APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ARMORUNONARY ARPEST IMMEDIATE CAUSE (a) IVER FAILURE Conditions, if ony, which gove rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ETASTATK SMALL CELL CARCINIMA ă CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS. CERTIFICATION 0 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED LIVER IN CERTIFYING CAUSES OF DEATH? DIAGNOSIS- SMALL CELL urial-transit ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 23 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED ö 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE COUNTY AT WORK rebruary 220.1 certify thor (this hospital) attended the deceased from sow the deceased alive on March 8 March 8 80 sow the deceased alive on. , and that in the (our) opinion death occurred on the date and hour and from the causes stated 40 obove, (we) (did) (view the body ofter death 22b. SIGN. DEGREE 22c. DATE SIGNED 0 * ATTENDING MEDICAL be deta e Stote I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT S NAME (TYPE OF PRINT 22e ADDRESS should b VAMC, Baltimore, Maryland 21218 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION COUNTY STATE Cheltenham MD BP Burial 3/12/80 Cheltenham Cem 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 1101 E. North Aye. March F/H (VRA 15 (4))

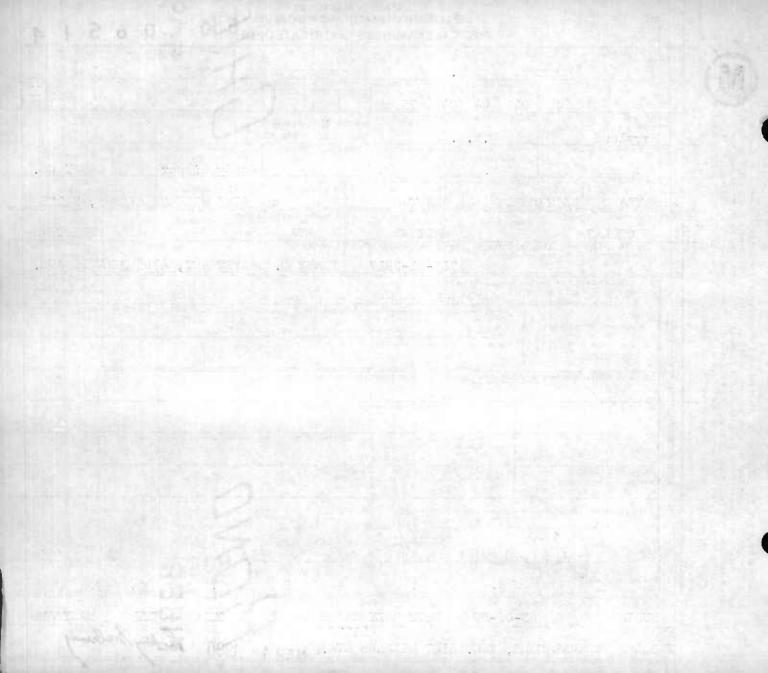


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	STATE OF MARYLAND
1 - FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. 0 6 5 1 3
DECEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20. HOUR
PAUL	DARGAN DARFIN March 19, 1980 1.56 PM
3 SEX	I RACE 5. DATE OF BIRTH MONTHS SAR SAR SAR SAR SAR SAR SAR S
To BIRTHPLACES (STATE OR FOREIGN IN	CITIZEN OF WHAT COUNTRY? I SHATTIMORE CITY OR COUNTY OF DEATH
Sylly, S	MARRIED NEVER MARRIED BALTO, CITY MD
2 10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 111 KIND OF BUSINESS OF
BALTO.	(DIPLE OF WORL FOR MOST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 130 STREET ADDRESS 130 STREET ADDRE
35 / 4 0 -	BALTO YES NO 7071, Mount ST
TA FATHER'S NAME	IDDLE IAST IS MOTHER'S MAIDEN NAME
160 WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 13 14 L to 166
(YES, NO OR UNKNOWN) (IF YES, GIVE W	MAR OR DATES) 212-36-3651 MARY DARGAN-1/6/N MOZENT ST
11 CAUSE OF DEATH (Enter only	y one couse per line for (o), (b), and (c).
	BY Carolle No II
immediate 303	
Conditions, if ony, which gove rise to immediate	(16) Clabelism Glass.
o underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
No.	
TO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4 E	YES NO YES NO NO
The second secon	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	P.M. 19 210 PLACE OF INJURY 211. LOCATION
THE PHARK NOTE THE PROBLET EXAMINER) AND THE PHARK NOTE THE PROBLET EXAMINER) WHILE NOT WHILE NOT WHILE AT WORK NOTE TO	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR 10WN COUNTY STATE
220 1 certify that (1) (this haspite	a) ottended the deceased from 6/79 19 78 to Jim 19 80, that (1) (we) lost
sow the deceased alive on obove, (1) (we) (did) (did not)	Jan 29 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
obove, (I) (we) (did) (did not)	DEGREE INC. DATE SIGNED
James A C	Quilde ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 3/20/80
274 PHYSICIAN'S NAME (TYPE OR P	
22d PHYSICIAN'S NAME (TYPEORP	F. Golden 1800 July 13 cetto for the
230 BURIAL, CREMATION, REMOVAL	236. DATE 236. MAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE
24 SUNERAL DIRECTOR	ADDRESS ADDRESS ADDRESS AND ADDRESS AD
6 25M () NAME () 1/79 () WITHER () 3	Oden - Balto, Md. MAR 2 0 1980





	STATE OF MARYLAND	
1	1 - STATE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0	6515
10	REG, NO.	1 0
	1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH, MONTH E	DAY YEAR 26. HOUR
	Dash, Kaymond T 3/26/80	19- AM
(MI	3 SEX SACE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0	Male White 2/21/280 56 YRS.	MONTHS DAYS HOURS MIN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 1 PALTIMORE CITY OR COUNTY	OF DEATH
# 把 335	Maryland U.S.H. WIDOWED DIVORCED City	MD.
a street with the fu	10 CITY OR LOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFT ON YOUR TY	12b. KIND OF BUSINESS OR INDUSTRY. Retail
00 mm m	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Necur
100 a mile 130	Macy and Baltimore Baltimore Baltimore 136/5/more 186/5/more 186/5/more	Court
F 40 40	14 FATHER SNAME 15. MOTHER'S MAIDEN NAME	
3 1 10 MBO	William Dash LAST Amanda Mode Batze	LAST
2 20 20	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 12 INFORMANT (/ ADDRESS /	
BALTIMOR ificate be exystian and pers. Pages toval.	Unes. NO DRUNKNOWN) (IF YES, GIVEWAR OR DATES) 217-21-3135 Hospital Registration	torm
ALI cat cat cat val.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio Vascular (6 1958	
death codest carbon on, or retraumat	6009	
the death the death e attending ove carbo nation, or her traum	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) PSIS	
t the at move matter	gave rise to immediate	
W. Ithatithatithatilith	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
S, 201 equires equires signed b n pleas b burial	(c)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN. The law requires that the death certattending physician. After this certificate has been signed by the attending physician. Then please remove carbon posts the burial-transit permit. Then please remove carbon posts had Mental Hygiene prior to burial, cremation, or renrinarked or Item 18 shows any injury, or other traumatic	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
is been and the prior to prior to	Oate of operation 196 condition for which operation was performed 206 autopsy? 206. If yes 212/80 Acute gastroin trans Bleed yes No yes No yes 216. Time of injury in item 18. P. 216. accident was underlying 216. Time of injury in item 18. P.	
The la	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES	YING CAUSES OF DEATH?
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NG PHYSIC anding physic fter this cert he burial-tra and Mental	216 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION	
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R A A Spirt	abave(1) (we)(did) (did not) view the body after death. 27b. SIGNATURE DEGREE	22c. DATE SIGNED
PITAL OK AT by the hospital SPAL DIRECT detached for detached for State Dept. of	ATTENDING MEDICAL STAFF	The Other Signed
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TO HOSPITAL OF A retained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item	Kobert Willand 22 So. Creen) T.	DOT KLIMAL
Ta Tay ₹	230. BURIAL, CREMATION, REMOVAL 230. DATE 231. NAME OF CEMETERY OR CREMATORY 234. LOCATION	COUNTY STATE
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DHMH-16 25M (VRA 15, 4) 1/79	Ambrose Inc. 1328 Sulphur Sp. Rd 21227 MAR 27 1980	gay/ turbury
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2b. HOUR ITYPE OR PRINTS 26 Erma C 80 Davenport 4 RACE 3 SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 14 16 HOURS female white To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Baltimore, Maryland Creswell.N.C WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINE OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Baltimore City Hospitals house-wife home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13t. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1607 Elrino Street Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Milton Furlough Viola unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS BALTIMORE, (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joyce DiPangrazio 2929 Cornwall Rd no 18 CAUSE OF DEATH (Enter only one cause per line fg PART I. DEATH WAS CAUSED BY pranoc IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the AS CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION a 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? mon NO YES [NO [gie 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 the burial-tron or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from deceased alive an_ , and that in (my) (and approximate a property approximate a property approximate and a property approximate a pro 27h. 5/63/ DEGREE 22c. DATE SIGNED MEDICAL ATTENDING State | DIRECTOR | PHYSICIAN PHYSICIAN FUNERA 22e ADDRESS 22d. FHY STIAN'S DAME (TYPE OR PRINT) IMPORTA HEBEKA shou with 23a BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) COUNTY 3/30/80 Burial Davenport, Cemetery Columbia N.C. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 JEGISTRAR'S SIGNATURE DHMH-16 60M 1/73 1005 Dundalk Avenue Walter Dabrowski (VR A 15 (4))

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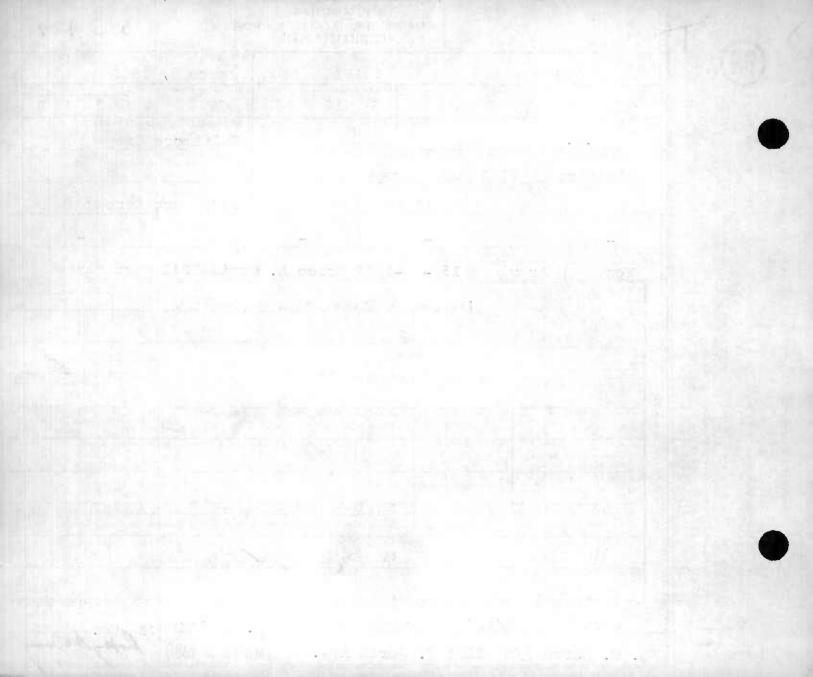
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L DIRECTOR: Af ached for use as th 9 Dept. of Health : If Item 21 is ma		22e. L certify that (1) (this hospite saw the deceased alive an abave, (1) (we) (did) (did nat) 22b. SIGNATURE	3/19/19	DEGREE ATTEND	pinian death accurred an the co	date and haur and fro	DATE SIGNED
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- wit	(SPI	URIAL, CREMATION, REMOVAL		CNAME OF CEMETERY OR GREMAN STREET LEHR	ORY 236 LOCATION	LOM COUNTY	STATE

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5		1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIEGE ()	0 6	5 8	
		1. DEC	EASED NAME ERST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOL	UR
Page 4 moy be director, page 3 nours offer deoth		(TYPE	Else	у	ecil	Da	vis		3 8	80 12	NN
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uge 4			Male	wh	nite		e 14, 1897	82	YRS.		Action
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offer the t d wit	3/	Ba	ltimore	Baltimo	re City	Hospi	tals	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Chipper &	F WORKING LIFE)	126. KIND OF BUSINI INDUSTRY Shipyard	ESS OR
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BALTIMORE, MARYLAND 2120' cote be executed within 24 hours ysicion and completely filled in by apers. Pages I and 2 should be filled you.	100		THER'S NAME FIRST William	MIDDLE	LAST Davi		15 MOTHER'S MAIDEN NA		10011 2444	LAST	
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the hospitol or to the hospitol or to the hospitol or to to to the for use a begin of Heal of them 21 is m			22a. I certify that (I) (this has saw the deceased alive a above (I) tent aid a club 22b. SIGNATURE	lengw the body	after death.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS A		ote and hour an	22c. DATE SIGNED	toted
O HOSPITAL etained by th TO FUNERAL should be dete with the State MORTANT:	1		A B	er km	an		Bultim	ne Of Hor	ntel		
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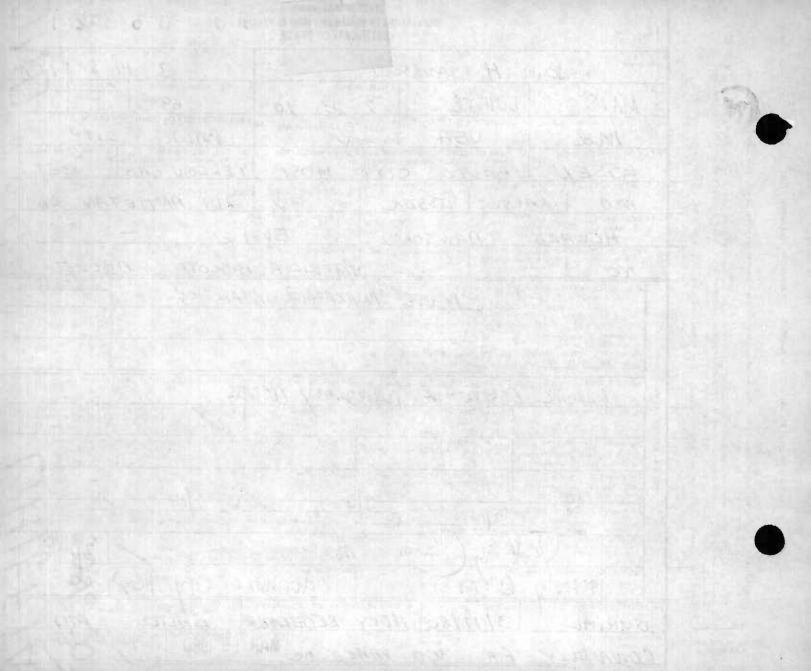
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) JOSEPH DAVIS March 8, 1980 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 18 HOURS 06 Male Negro 73 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S.C. USA Baltimore City WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2242 Mura Street Baltimore BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13e. STREET ADDRESS 2242 Mura Street 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore MD YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 156-05-1602 Grace E. Davis 2242 Mura Street Yes Army APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic-PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which DIL DILI DILO gave rise to immediate cause ial, stating DUE TO, OR AS A CONSEQUENCE OF otho underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION prior 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOF and Mental Hygi 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 20 21d. INJURY OCCURRED 211, LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE Magans 220.1 certify that (1) (this haspital) attended the deceased fram saw the eleceased alive on above, (1) (%) (dd.) did not view the bady after death A and that in (my) four) apinian death accurred an the date and haur and from the causes stated DIRECT 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL E should be deto-with the State D MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY (SPECIFY) Burial 3/12/80 King Memorial Pk. Baltimore 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. March F/H (VR A 15 (4))



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STATE OF MARYLAND



TTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after

campletely filled in by the funeral director, page 3 , f and 2 shauld be filed within 72 hours after death

injury, ar ather traumatic event, the medical exagn

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages finwith the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or removal.

IMPORTANT: If them 21 is marked at them 18 shows any

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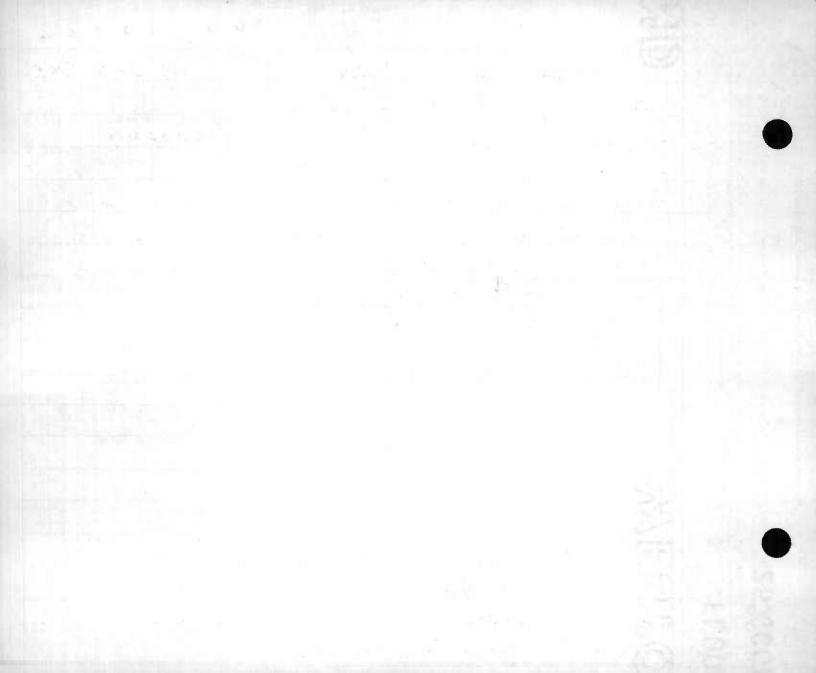
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1.	FOR - STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B () REG. NO.	06522
	CEASED NAME FIRST NORMAN	R	DAWSON	20. DATE OF DEATH MO	3 29 % Sign P
3. SE	Male	CAUCH SIAM	5. DATE OF BIRTH MONTH DAY YEAR 6 12 22	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS MIN
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14. FA	RICHARD MIC	D, DAWS.	15. MOTHER'S MAIDEN NA	MIDDLE	Maninski
	WAS DECEASED EVER IN U.S. ARME YES, NO ORUNKNOWN) (IF YES, GIVE W		S348 RITH B. DA	ADDRESS OWSON /19 In	gelwood Drive
	IK CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	F K LVZ	SEPSIS	6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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	gave rise to immediate cause (a), stating the underlying cause lost.		NCE OF LYMPHTYA / ACU		
TION	19a DATE OF OPERATION	THROMBOCYTOPE	N/A OPERATION WAS PERFORMED	200 AUTOPSY?	106. IF YES, WERE FINDINGS USED
CERTIFICATION				YES NO NO	N CERTIFYING CAUSES OF DEATH? YES NO NO
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ij	22b. SIGNATURE Blust	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NX 3/29/80
	22d. PHYSICIAN'S NAME (TYPE ORP)	Lushan	SOUTH BAL	TIMORE GEN	HOSPITAL
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24 FI	UNERAL DIRECTOR	ns Funcish Donessy	e, Inc 0/ E, FERTH 1250. DA	TE REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE

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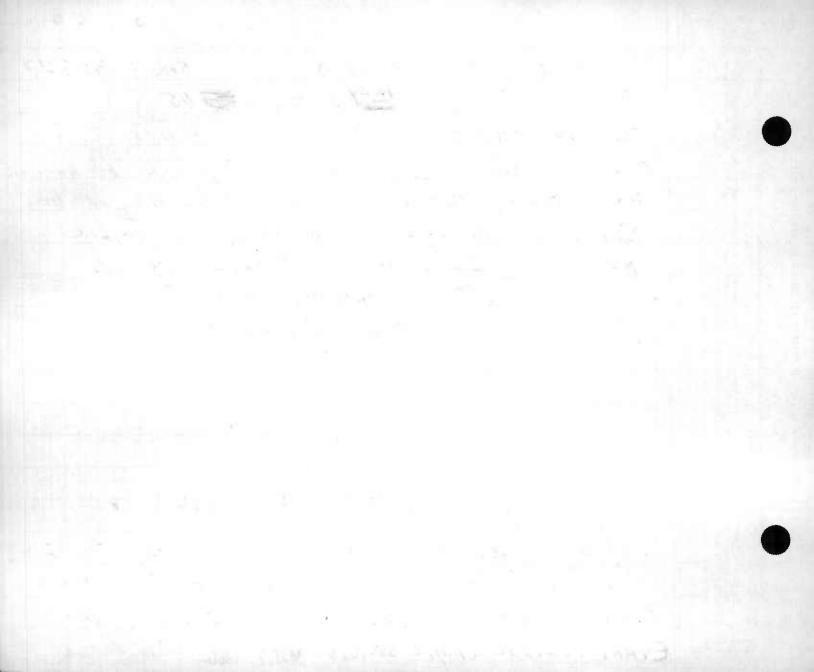
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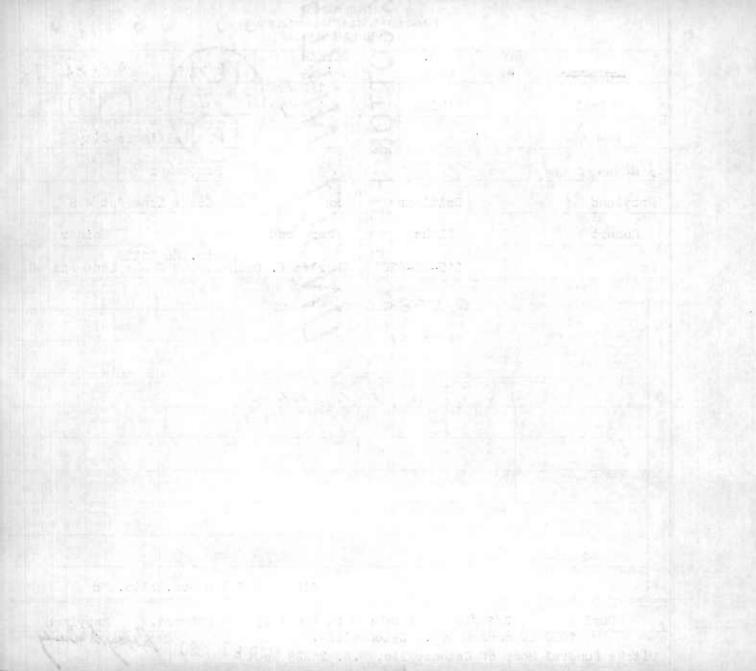
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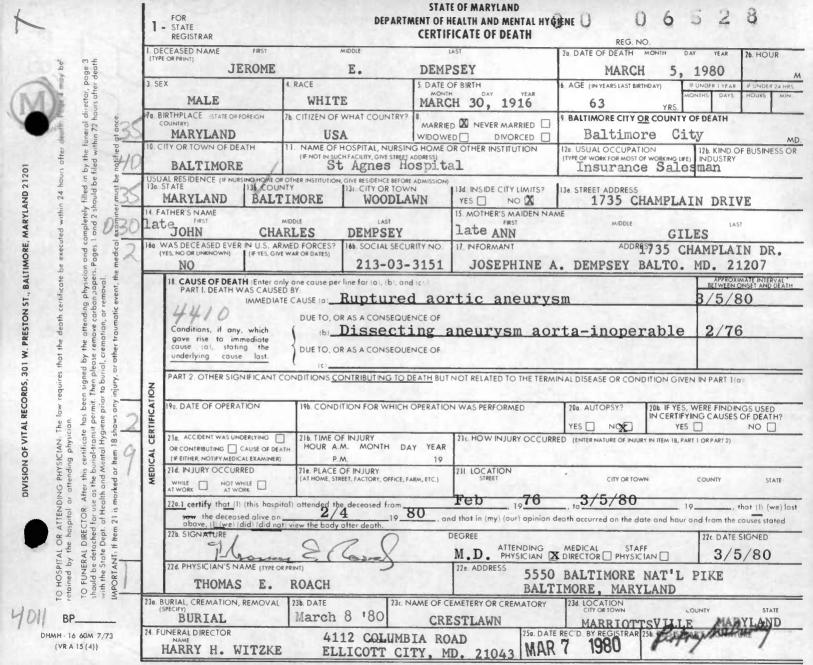


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af Health and Mentol Hygiene prior 21 is morked or Item 18 shows ony		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	YES . NO.		NO 🗌
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2 2		220.1 certify that (h) (this haspi saw the deceased alive on above, (h) (we) (did) (did no 22b. SIGNATURE				, 19	, to		
with the State Dept. o		22d. PHYSICIAN'S NAME (TYPE O	Said PR PRINT)	1		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		
With O		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	3/10/	80 L	oudon	EMETERY OR CREMATORY Park Cemetery		county Maryla	STATE
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REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FRST MIDDLE LAST OF ESTI- DOTS PARTY OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MATED 3 2 19 80 M OF ESTI- DEATH MONTH DAY YEAR 16. AGE (IN YEARS) IF UNDER 1 YEAR 18. INDUSTRY DAYS HOURS MIN PRONOUNCED DEAD 3 2 19 80 PM OF ESTI- DAYS HOURS MIN PRONOUNCED DEAD 3 2 19 80 PM OF MARRIED 10. CITY OF COUNTY OF DEATH MARRIED 10. DEAD 10. CITY OF COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF BUSINESS OR INDUSTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORK 12. NO 12. NO 12. STREET ADDRESS) 136. STATE 135. COUNTY BALTIMORE (IF IN NUISSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS OR INDUSTRY) 136. STATE 136. STREET ADDRESS SHIP OF WORKING LIFE; STATE MADDLE LAST DEMPS STATE 13. MOTHER'S MAIDEN NAME MIDDLE LAST DEMPS STATE 13. MOTHER'S MAIDEN NAME MIDDLE LAST DEMPS STATE 14. ADDRESS 14. ADDRESS 15. ADDRESS 16. SOCIAL SECURITY NO. 244-01-6343 MATY DEMPS STATE 11. ADDRESS 14. ADDRESS 14. ADDRESS 15. A			FOR			DE	PARTMI	STAT ENT OF H	E OF M	ARYLAI AND M	ND ENTAL	HYGIENI		0 6	Hat	2	1	
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death resulted fram: Natural causes X., Accident, Suicide, Hamicide, Undetermined manner, ACTUAL SIGNATURE Dolan M.D. Assistant MEDICAL EXAMINER SIGNED 3/3/80 EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street 236.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SPECIFY Burial 3/6/80 Mt. Calvary Cem. Baltimore Co MDTE			*1***		/H 1	OPEN 1	E	Nort	η Δτ	Α.			198	7 Z36. K		PISKE.	Versey	7
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~ ~ ~	E -	16a \	WAS DECEASED EVER IN	U.S. ARMI	ED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDR	ESS			
e be ey	T the	1	YES, NO OR UNKNOWN) (1	F YES, GIVE W	VAR OR DATES)	217-32-8	8390	Mrs. Gentrust	e Gerber De	ngler-8	€. 0	verle	
icat sicre ers.	event		IN CAUSE OF DEATH	Enter only	one cause pe	r line for (q) (b), on	d (c).i				APPROXIM BETWEEN O	MATE INTERVAL	
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V: Th	S Sh	TE							YES NO	YES [CAUSES	NO [
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F = F # 3	=	23a.	BURIAL, CREMATION, RE	MOVAL	236. DATE	23c. !	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y	STATE	
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DHMH-16 2	584	24 F	UNERAL DIRECTOR				0	250. DATE	REC'D. BY REGISTRAR		SIGNATU	JRE	
(VRA 15, 4)		1	John co Mil	er I	nc-641	5 Belair	Rd2	1206 N	AR 1 9 1980	tirka	y/ha	Cready	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	1.	FOR - STATE REGISTRAR			CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME FIRST	MIDE	DLE	LAST		MONTH DAY YEAR 26 HOUR					
X.	(1176	LY	L S	• Di	ERRY		03 13 80 135					
P	3 SE	x Male	White		OF BIRTH 12, 1900 YEAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN					
3	7a BI	IRTHPLACE (STATE OR FOREIGN OUNTRY) est Virginia	76 CITIZEN OF WH	MARRIE	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O BALTIMORE	CITY MD.					
4	10 C	BALTIMORE		SPITAL, NURSING HOME ACILITY GIVE STREET ADDRESS) MEMORIAL HO		UYPE OF WORK FOR MOST OF Maintinance	PWORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Moving Co.					
3	130 5	AL RESIDENCE (IF NURSING HOME STATE ryland	THER INSTITUTION, GIV TY TMORE	RESIDENCE BEFORE ADMISSIONS COLOR TOWN Pikesville	134 INSIDE CITY LIMITS?	13e STREET ADDRESS Chip	pewa Dr. 21209					
0	14 F#	Lawrence Ga	r Derry	LAST	Julia E1:	izabeth Gr						
7		WAS DECEASED EVER IN U.S. AR	WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE						
1	1	YES, NO OR UNKNOWN) (# YES, GIVE	2	216 03 4267	Inez Derry		Same					
	No	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYD CARDIAL IN FARCTION DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cause io), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
1	MEDICAL CER	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF (AT HOME, STREET,	INJURY , FACTORY, OFFICE, FARM, ETC.)	.211. LOCATION STREET	CITY OR TOWN COUNTY STATE						
		27a Leertify that (I) (this hospital) attended the deceased from MARCH 12, 19.80, to MARCH 13, 19.80, that (I) (we) los sow the deceased alive an MARCH 13 19.80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 27b. SIGNAJORE DEGREE 12c. DATE SIGNED										
		James C	JAN 3/13/80									
	-	220 PHYSICIAN'S NAME (TYPE O	COMBER		22e ADDRESS UNION MEMO	RIAL HOSPI	ral.					
		BURIAL, CREMATION, REMOVAL BURIAL	15 March		ey's (Hampden)	Eal timere	e, Maryland STATE					

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DHMH - 16 60M 1/75 (VR A 15 (4))

FUNERAL DIRECTOR
Burgee Funeral Home 3631 Fails Rd.

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6	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIĞNE ()	0	6 :	5 3	1
		REG. NO. CEASED NAME FIRST MIDDLE LAST 1 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR									
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Il dire hours	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY?	D NEVER MARRIED	1 BALTIM	ORE CITY OR		F DEATH	
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te be extended and and and and and and and and and an	14	ES, NO OR UNKNOWN) IIF YES, GIV	E WAR OR DATES)	215-0	05-1770	MRS. JOAN	NE DE	SHIELDS	s 76	LYCE	TT CIRC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN: The law requires that the death cert strending physician. After this certificate has been signed by the attending ph ss the burial-transit permit. Then please remove carbon pa th and Mental Hygiene prior to burial, cremation, or rem marked or Item 18 shows any injury, or other traumatic	20	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last	DUE TO, O	R AS A CONS	EQUENCIÓN	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDIT	ION GIVEN	NIN PART 1	0,
The law that be remit. The law apprior to see prior to law and	CERTIFICATION	190 DATE OF OPERATION	1% COND	ITION FOR W	HICH OPERATIO	ON WAS PERFORMED	20a AU			WERE FIND II	NGS USED OF DEATH?
IAL N. 1 In. Cate hat per rit	RTIF						YES 🗌	NOD	YES		NO 🗆
SICIAN hysician. certificat transit preal Hygi Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	OF INJURY .M. MONTH M.		21c HOW INJURY OCCU	RRED (ENTER)	NATURE OF INJURY IN	I ITEM 18, PART	T I OR PART 2)	
DIVISION OF VITAL RE ENDING PHYSICIAN: Th or attending physician. Br. After this certificate ha e as the burial-transit perm eaith and Mental Hygiene is marked or Item 18 sho	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE	OF INJURY	FFICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
ATTENIOSpital or all RECTOR: do for use as pp. of Health Item 21 is used.		22a.1 certify that (1) whis hosp sow the deceased office or obove, (1) (we) (did) (did of 22b. SIGNATURE	Marc	114	1 / 1/	nd that in (my) (our) opinio	n death occur	red on the dote	ond hour o		
0 0 0	4	Ause,	her,	Me	16/			STAFF		3 AT	24/80
TO HOSPITAL. retained by the h TO FUNERAL D should be detach with the State D IMPORTANT: II		Dr. Lawren		ls M.D	. /	GOOD SAMA	560 RITAN	l Loch	Rav	PALTO	lvd.
115/BP		URIAL, CREMATION, REMOVAL		-1980		EMETERY OR CREMATORY	CITY	ORTOWN	ARYLA	AND	
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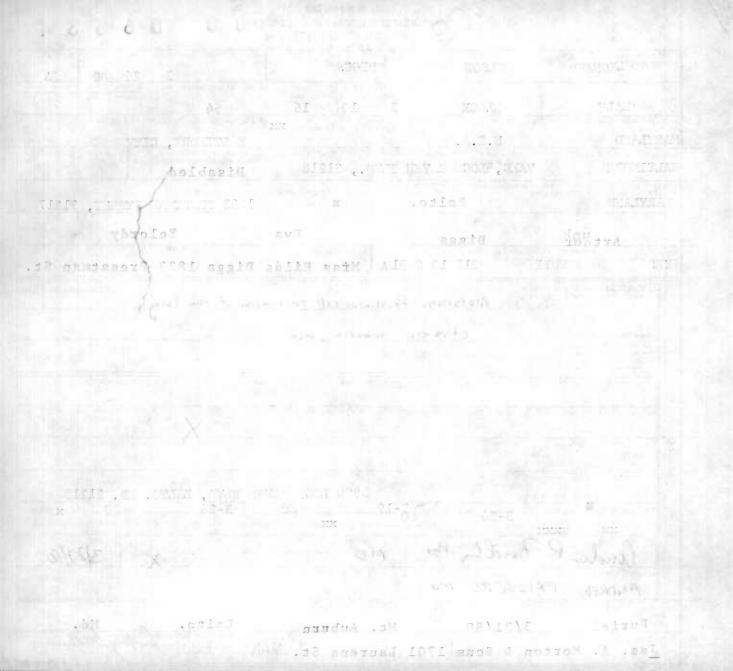
Jas. A. Morton & Sons 1701 Laurens St.

STATE OF MARYLAND

FOR

DHMH-16 25M

(VRA 15.4) 1/79



TO HOSPITAL SACTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the hospital or attending physician.

11	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 5 3 5
VI)		CEASED NAME FIRST E OR PRINT HARLE	G CARLO	Di Leonardi 5. Date of Birth MONTH DAY YEAR	20 DATE OF DEATH MONTH March 6. AGE (IN YEARS LAST BIRTHDAY)	OAY VEAR 26 HOUR 2 7 80 6 35 10 IF UNDER TYEAR IF UNDER 24 HIS MINING OAYS HOURS MIN
fureral direct thin 72 haurs	1	IRTHPLACE (STATE OR FOREIGN OWNTRY) AND	Th CITIZEN OF WHAT COUNTRY? US A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Baltimore Baltimore	
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the been to be been to be been been been been been been been	CERTIFICATION	3-24-80	196 CONDITION FOR WHICH	he COLON	IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\) NO \(\)
ng physic certificate uriol-trons tental Hyg Item 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	SAUL .	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM T	B, PART (OR PART 2)
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pitol or TOR. Af for use o of Health		22a.1 certify that (1) (this hosp saw the deceased alive or	n 1950 on the body after death.	, and that in (my) (aur) apinion	death occurred on the date and h	our and from the couses stated
At Directed detoched of Dept.		22h SIGNATURE	(in comments)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
orned by the could be definitely the State (PORTANT:		LINO R	Arquilland	220 ADDRESS GBG	4	
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DHMH-16 20M (VRA 15, 4) 7/78	74. E	uneral director with funeral H	lome, 130 E.Forets Av	/) // ///	AR 2 8 1980	PRAYS SIGNATURE Creedy

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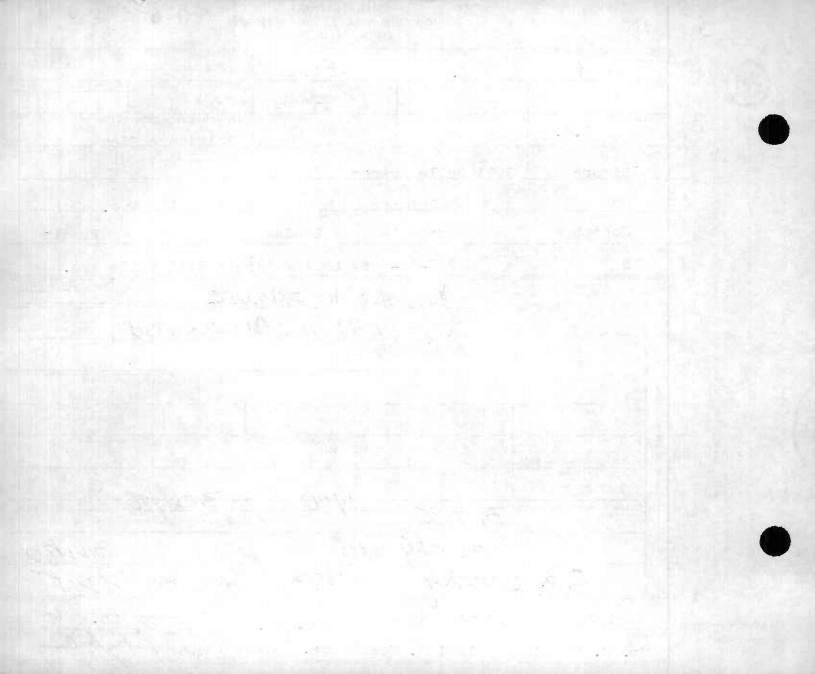
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114	-	BALTIMORE	11. NAME OF	HOSPITAL, NUR:	SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C POLICEMA	ON DE WORKING LIFE)	126 KIND OF BUSINESS OF BAIT. Cit	OR y
A Marie Service Servic	730 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Aryland	R OTHER INSTITUTION		ORE ADMISSION)	138 INSIDE CITY LIMITS?	13°6100 ADDRESS	Ave		
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he low on. t permit iene prio	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	VERE FINDINGS USED NG CAUSES OF DEATH?	
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H - 16 60M 1/75 VR A 15 (4)}	24 FU	INERAL DIRECTOR NAME Leonard J Ruc	k Inc.	ADDRESS Baltimo	re, Mar	yland 250. DA	AR 3 1 1980	25b. RECISTRA	R'S SIENATORE	

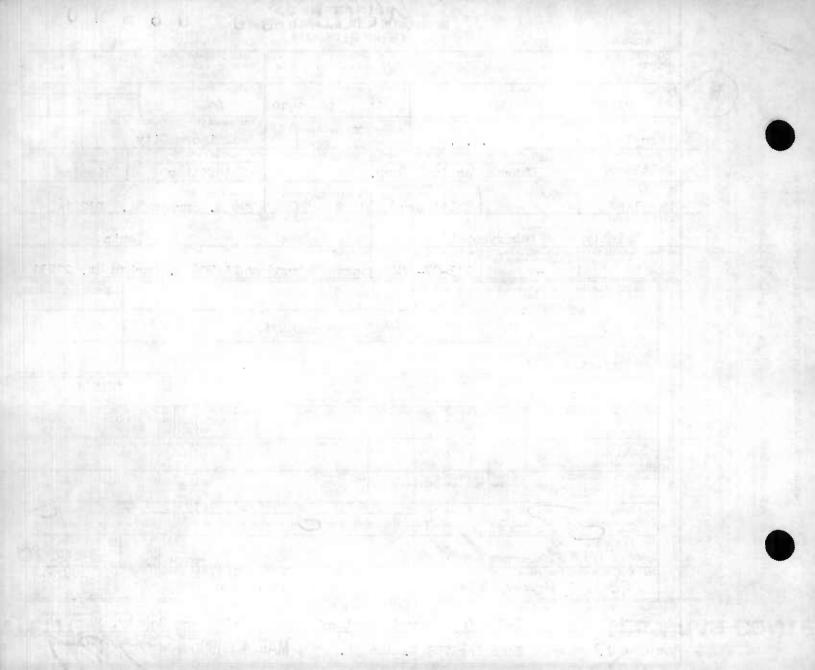
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Vito Di Marco 1980 March 3. SEX 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IFUNDER 24 HRS MONTH YEAR HOURS Male Caucasian 1895 To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Italy WIDOWED DIVORCED [Baltimore 126. KUSO OF BUSINESS OR 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 E. Lombard Retired ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland 3807 Lombard 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE FIRST MIDDLE Vincent DiMarco Theresa unk ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Michael DiMarco-3801 Lombard no Vincent APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0 OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceosed olive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I (we) (did) (did not) view the body ofter death, 22b SIGNATURE DEGREE Th. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN [PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY (SPECIFY) Buria] Comptany 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR IST RAPISTRAR'S ST DHMH - 16 50M 7/77 Funeral (VR A 15 (4)) Home. Conkling

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5	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL (1)	GIENE V	0 3		
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sed or It	MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY		21f. LOCATION				
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ond co	16a V	VAS DECEASED EVER IN U.S. (15 YES, C)	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT Wif		Balt., Md Mayview Ave	. 21206
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2ª DATE OF DEATH 2h HOUR (TYPE OR PRINT) 2:00 SOPHIA DOERFLEIN March 1, 1980 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF LINDER LYEAR MONTH AONTHS Nov. 13, 1884 Female White To BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX Maryland II S Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Baltimore 22 S. Athol Avenue DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS Broadway 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? Maryland YESXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Doerflein Schmidt Conrad Mary General Germants Aged Peoples Home 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Herbert Stuenkel, 22 S. Athol Ave. 216-54-7102 no IB CAUSE OF DEATH Enter only one couse per line for lo , lb , and in PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR ASSA CON SEQUENCE OF underlying couse ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN WHART THE CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CERTIFYING CAUSES OF DEATH? NOZ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 2) e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on. nd that in (my) our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 27h SIGNATUR DEGREE 27: DATESIGNED ATTENDING PHYSICIAN ADTRECTOR PHYSICIAN PHYSICIAN'S NAME (THE CHENT) 77 ADD RESS should b 2 Westview Mall, Baltimore, Md. Dr. William J. Bryson 0 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE (SPECEVICIAL Baltimore, Md. 3/4/80 Loudon Park Cemetery 24. FUNERAL DIRECTOR 630 Edmondson Aventes Catonsville, Md. 250. DATE REC'D. BY REGISTRAR 256. BE ISTRAR'S SENATURE frifry habredy DHMH - 16 60M 1/75 Witzke Funeral Home of Catonsville, P.A. 21228MAR (VR A 15 (4))

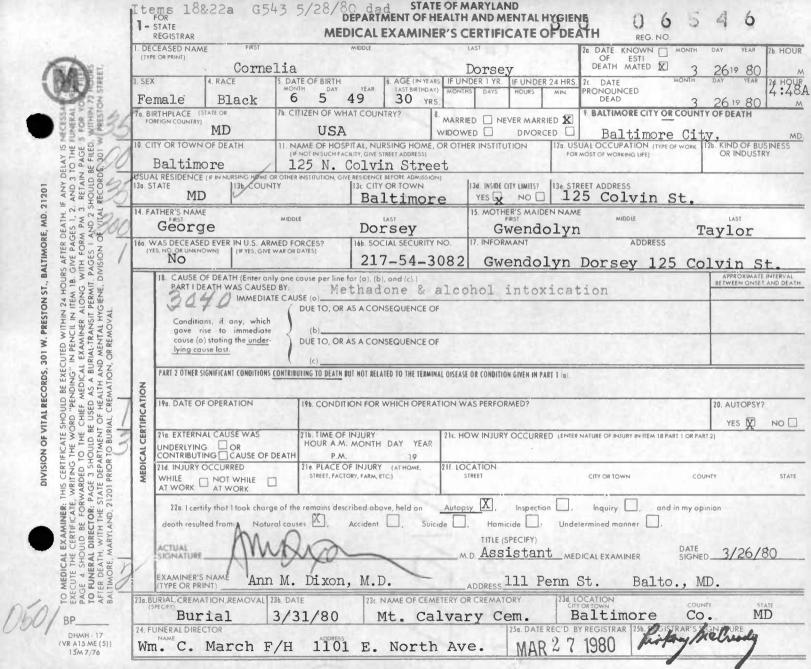


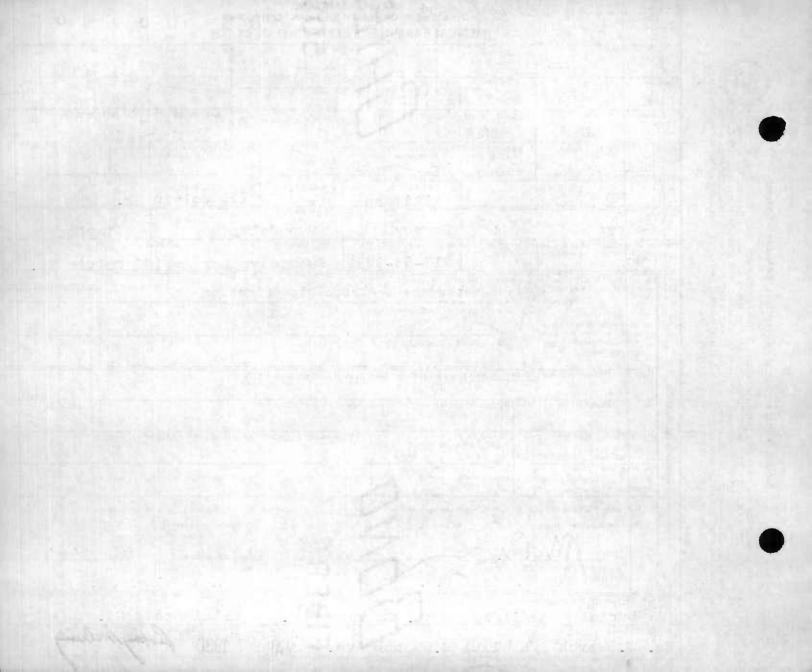
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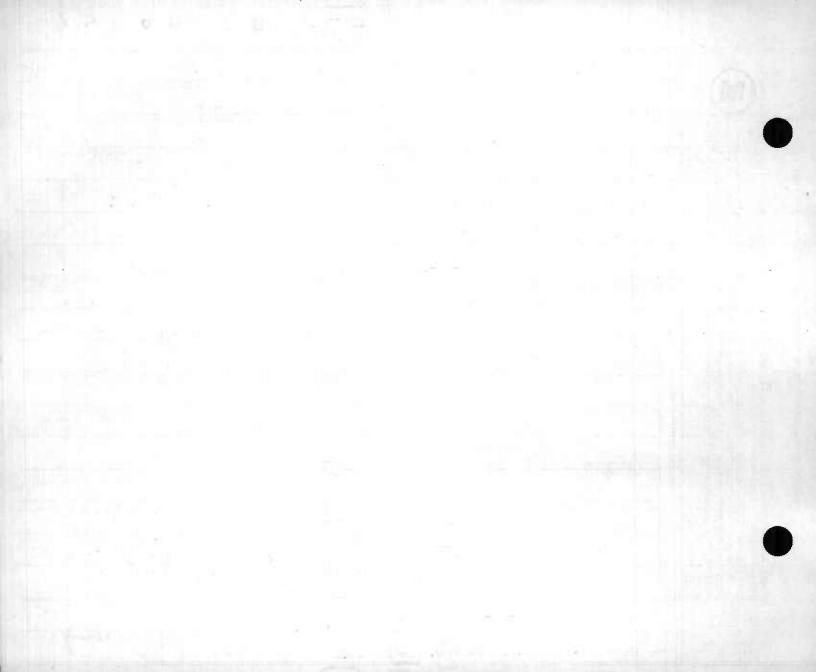
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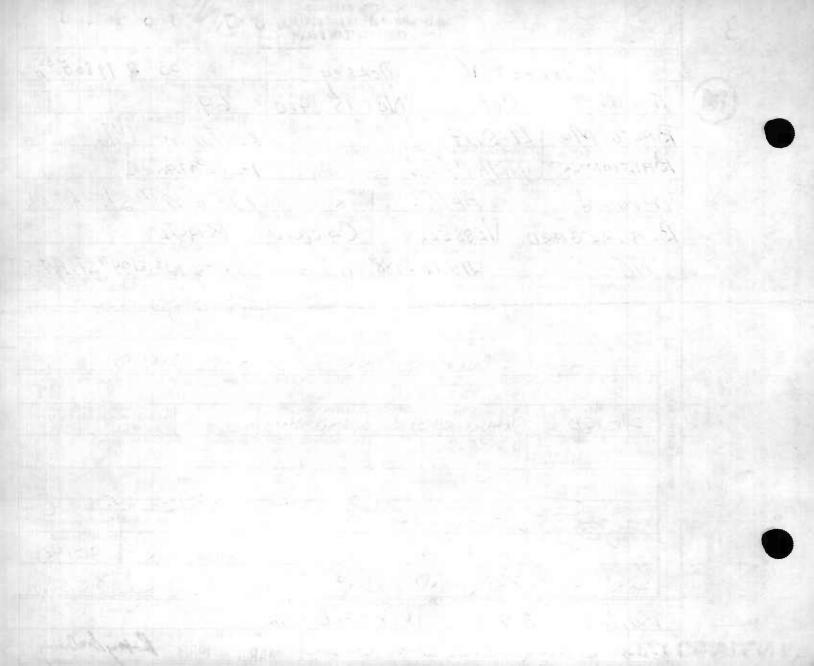




2	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE () O 6	5 4 7
25	I. DECEASED NAME (TYPE OR PRINT)	MIDDLE B	DORSEY	3-6-80	DAY YEAR 20. HOUR
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BP OF STATE	230 BURIAL CREMATION, REMOVA	11.2	ARBUTUS MEM. PK	BALTIMORE	COUNTY STATE
DHMH-16 20M (VRA 15, 4) 7/78	24 FUNERAL DIRECTOR ELTZABETH L. PH	IILLIPS 1721 N.	MONROE ST. MAR	ATE REC'D. BY REGISTRA III A EG 1 0 1980	STRAPAGETAL



3	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 5 4 8
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 26. DATE KNOWN X MONTH (TYPE OR PRINT) 3 80 ESTI-ARLAN) ARLEN DOYAL DEATH MATED 19 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2c. DATE 31 LAST BIRTHDAY) 80 PRONOUNCED 10/15/26 a DEAD 53 ma le white 10 16. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) S Baltimore City Georgia WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 1 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 1204 "Holliths REStreet FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimmre Truck Driver USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS 1204 Hollins Street 13g STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 21201 Maryland Baltimore YES X NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Doyal Austin Joann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Patricia Black, 1515 W. Lombard St. WW2 257-30-0724 ves 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I DEATH WAS CAUSED BY:

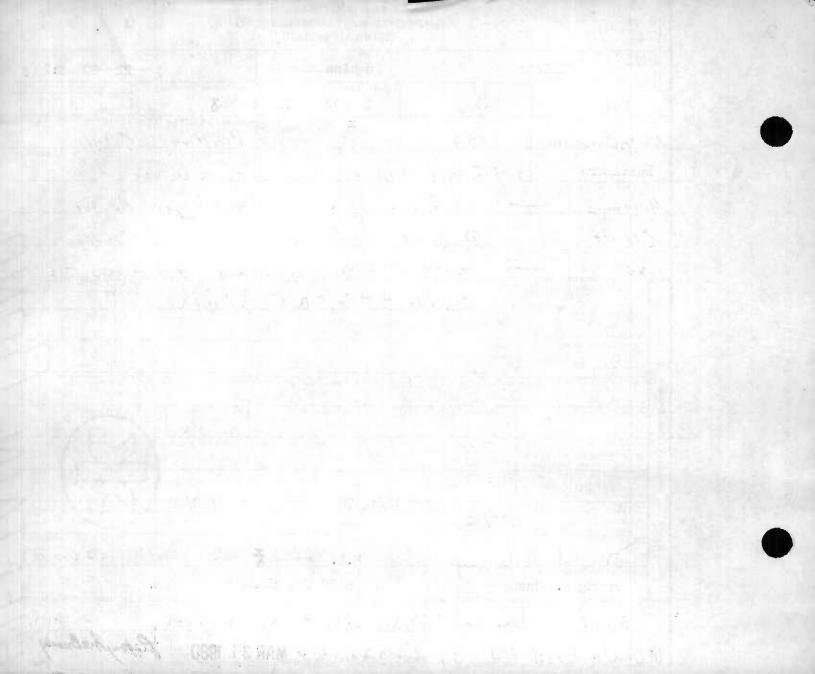
Arteriosclerotic cardiovascular disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? URIAL, NO T DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d, INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 226. I certify that I taak charge of the remains described above, held an and in my opinion death resulted from: Notural couses Homicide Undetermined monner TITLE (SPECIFY 3-31-80 ACTUAL EXECUTE THE C PAGE A SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. 236 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cheltenham Cemetery Burial Cheltenham Maryland 1630 Edmondson Ave., Catonsville, Md DATE REC'D. BY REGISTRAR 256. REC 24. FUNERAL DIRECTOR TRAR'S SIGMATURE **DHMH-17** VR A15 ME (5)) Witzke Catonsville Funeral Home, P.A. 21228 15M7/77

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Softer of the land		Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, 4108 ROGER	GIVE STREET ADDRESS)	OR OTHER INSTITU		Truck Dr		ND OF BUSINESS OR TRY
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MARYLAND 2 ompletely filled i ond 2 should b		ATHER'S NAME FIRST	MIDDLE Dugi	h ms	15. MOTHER'S M. FIRST		MIDDLE	Sam	LAST OSON
BALTIMORE, cate be execut ysicion and coppers. Pages I wal.	160 \		IRMED FORCES? IVE WAR OR DATES) 212-	10 -9942	Mrs. He	iry Du	phins 41	or Rogers	AUE. PROXIMATE INTERVAL JEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The law requires that the death certificate attending physician. Were this certificate has been signed by the attending physic as the burial-transit permit. Then please remove carbon paper than domental Hygiene prior to burial, cremation, or removal orked or then 18 shows any injury, or ather traumatic event, the contraction of the property or attention or attent	NO	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO	O THE TERMIN.	AL DISEASE OR CONI	DITION GIVEN IN PAR	(T)(a)
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ATTENDI or osspital or osspita	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp saw the deceased alive a abave. (I) (we) (did) (did in 228. SIGNATURE	R) P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR pital) attended, the decease	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from 10/12	21f. LOCATION STREET	19	CITY OR TOW	YN ITEM 18, PART 1 OR PAR COUNTY 19 19 ate and hour and fram	5TATE:
O HOSPITAL OR etained by the his hould be detached with the State Dear with the State Deep MAPORTANT. If the		22d. PHYSICIAN'S NAME (TYPE Myung H. C)	hung		22. ADDRESS 5670 Th	e Alam	MEDICAL STAF DIRECTOR ☐ PHYSIC eda	IAN A	Mar 80
000 BP		BURIAL, CREMATION, REMOVA SPECIFY Burial	29 Nav 80	23c. NAME OF C	EMETERY OR CRE	VYK.	23d LOCATION CITY OR TOWN	COUNTY	Md.
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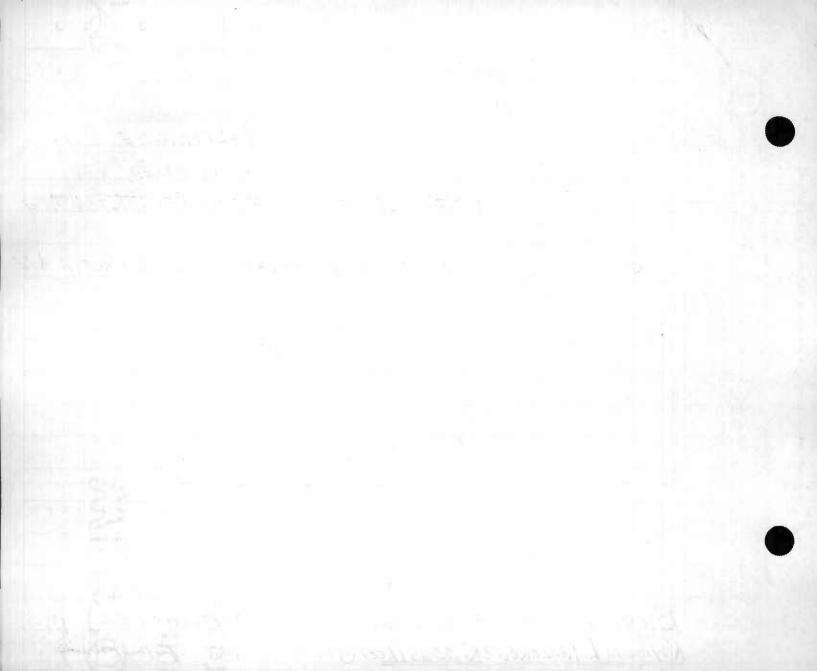


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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21		EXAMINER'S N	NAME Ma	rgarita A. Ko	ell. M	D ADDRESS	s 111 Per	nn Stre	et		
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E USU	JAL RESIDENCE (IF NURSING HOME OF OT	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		TalOBAF
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on ir to	Seve	ateurtes			
nsit permit. Then Hygiene prior to m 18 shows any in CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED
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tal al al	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	YES NOOT YES	
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be executive and		WAS DECEASED EVER IN U.S. ARM YES, NO ORUNKNOWN) (IF YES, GNE V			JAMES G. EA	TON : BA	2 ^S S. WASHINGTON ST. LTO., 21231, MD.
V requires that the death certing to signed by the attenting by nen pleas cremation or can burial, cremation or each my injury, or other traumatic.	NO	PART 1. DEATH WAS CAUSED IMMEDIATE 1483 Conditions, if any, which gove rise to immediate cause Ial, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON (c)	JAOK UENCE OF PLEM		NAL DISEASE OR CONI	DITION GIVEN IN PART 110
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DHMH-16 25M (VRA 15, 4) 1/79	el	UNERAL DIRECTOR ME J. Sever + Sm.	Due, BALTO.	CONKL 2122	ING ST.	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

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ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after dec

retained by the haspital ar attending physician.

TO HOSPITAL

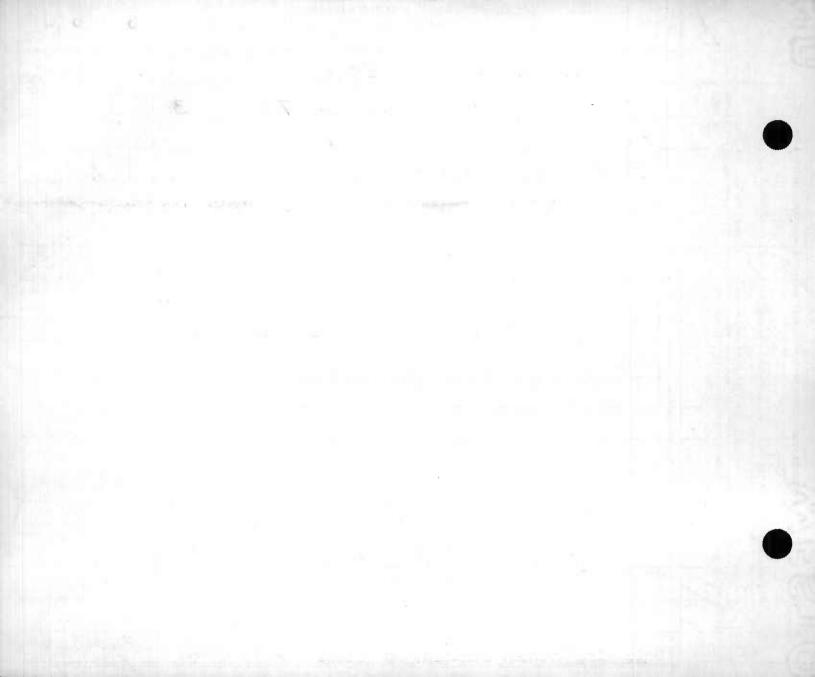
DHMH-16 20M (VRA 15, 4) 7/7B

page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hourself with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

Page 4 may be

	FOR		DEPARTMENT	I UT BEALIN AND MER	TALBITATION D			
1.	- STATE REGISTRAR			ERTIFICATE OF DEA		250 110		
1. DE	CEASED NAME FIRST	MIDDLE		LAST	2e. DATE OF	REG. NO.	DAY YEAR	2b. HOUR
{TYPE	C 08 85 HITT	sula		Eckes		2	29 80	33
3 SE		I RACE	10	DATE OF BIRTH	6 ACE MINE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	
3 SE			3.1	MONTH DAY	YEAR_	(KS LAST BIRTHUAT)	MONTHS DAYS	HOURS
	emale	White		02 14	97.	83 YRS		
A BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MAR	RIED P. BALTIMOF	RE CITY OR COUN	ITY OF DEATH	
-	aryland	U.S.A.				ltimore	City	
10. C	Baltimor	11. NAME OF HOSPIT	Y, GIVE STREET ADDRE	IOME OR OTHER INSTITU	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING ISEWIFE	GLIFE) INDUSTRY	OF BUSINES
JUSU	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION, GIVE RES	SIDENCE BEFORE ADM		100			
130. 3	STATE NAL COU		TY OR TOWN	134 INSIDE CITY I				
IA E	ATHER'S NAME	critore! Di	undalk	YES NOTHER'S MA		B East A	Avenue	
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16a V	WAS DECEASED EVER IN U.S. A	E WAR OR DATES!	OCIAL SECURITY			ADDRESSR-	1843 Ea	st A
N	0	218	8-50-83	100 George	F. Eckes	Ba	lto. MI	212
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	S	epsis (5	Pulmon	ia,	es	
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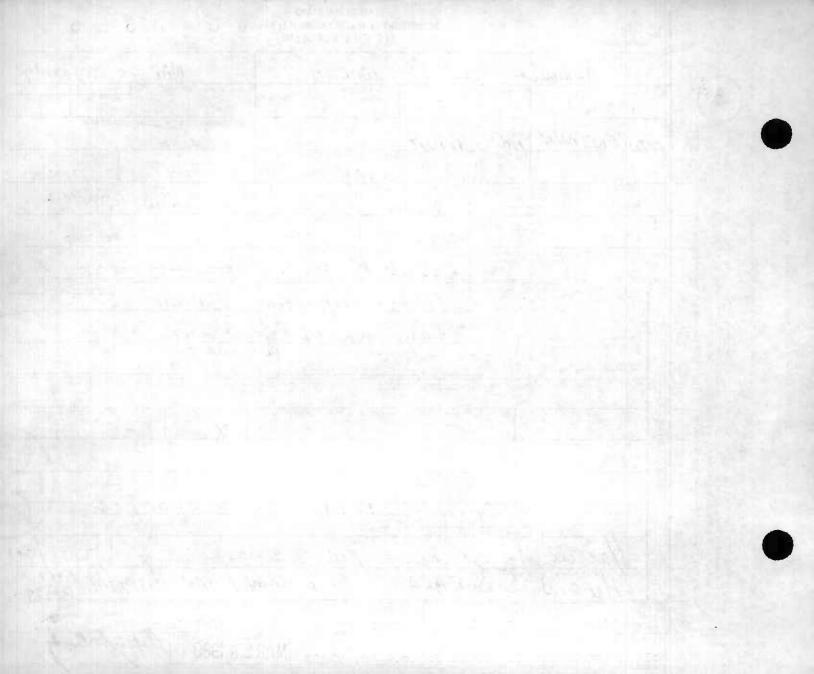
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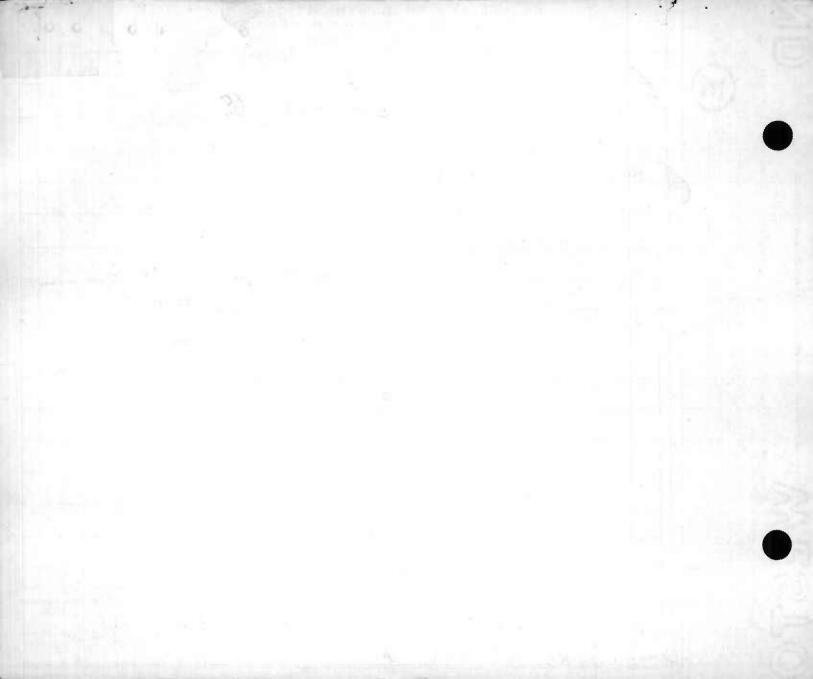
DEPARTMENT OF HEALTH AND MENTAL HYGIENS



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH DECEASED NAME YEAR 7h HOUR (TYPE OR PRINT) 720 FLOYD C. **EDWARDS** F M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONTH YEAR 21 23 Male 56 Negro TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD USA DIVORCED [BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNION NEWS REAL OF HESPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Seal Test Dairy ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1233 Wicklow Road 130 STATE 136 COUNTY 131 CITY OR TOWN 13d INSIDE CITY LIMITS? MD Baltimore 15. MOTHER S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Robert Η. Edwards Martha Chappell Ε. 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 217-16-6594 Vernetta E. Edwards 1233 Wicklow Rd. Yes Navv APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c PART I. DEATH WAS CAUSED BY ENCEPHALOPATHY 104 IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF ARDIORESPIRATORY 11 Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying MYOCARDIAL INFARCTION 1.1 RESUMED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION bee 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? be LUNG CANCE! NOF YES T NO [ntol Hygi 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 8 urial-tre HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21e. PLACE OF INJURY 21f LOCATION ō 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 80 220.1 certify that (I) (this haspital) attended the deceased from. 80 saw the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED 100 ATTENDING MEDICAL 80 be deto e State [should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS JAMES, D. C. LLANT MD 0 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial Baltimore 3/5/80 King Mem. Park MD Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 1101 E. North Ave. C. March F/H 1980 (VR A 15 (4))

STATE OF MARYLAND

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3 3	1. DE	CEASED NAME FRST	EC J,	ELO	RIDG E	20. DATE OF DEATH	MONTH DAY YEAR 3 80	11 cl a
4 mov	3 SE	FEMALE	NE GROID	5. DATE	OF BIRTH H OAY YEAR - 3 - 13	6. AGE UN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR MONTHS DAYS YRS	
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icote ronsit Hygical Baho		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E			21c HOW INJURY OCCUR	YES NO	YES TO ITEM 18, PART 1 OR PART 2}	ио 🗌
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TO HOSPITAL Veroined by the TO FUNERAL IS should be deto with the Store CIMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE CHAIS NYUN HAAN A	0 0	BRAKTON	SINAI HOS	PITAL, COM	er of Believele	ee/Green
U-BP		BURIAL, CREMATION, REMOVA	3 8 80	ARBU			LITO, The	STATE
DHMH-16 20M (VRA 15, 4) 7/78	11	UNERAL DIRECTOR NAME EANON R. BAILEY	3 1348 CALLOU	in St	250. DAT	R 1 () 1980	25h. of Schallen and School	YORE 7



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MILLUN (TYPE OF	M.D.					
11	thor (It (this hospideceased olive on (we) (did) (**Arg	thot iff (this hospital) attended the decease deceased alive on	that if (this haspital) attended the deceased from Me deceased alive on March 31 19 80 deceased alive on Warch 31 NAME (TYPE OR PRINT)	that Tit (this hospital) attended the deceased from March 29 19 deceased alive on March 31 19 80 and that in my) (our) ppi (we) (did) (Margn) prev the body after death. DEGREE ATTENDIN AN'S NAME (TYPE OR PRINT) 276 ADDRESS CAO Martin	thot till (this hospital) attended the deceased from March 29 19 80 to March deceased alive on March 31 19 80 and that in the property of the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 122e ADDRESS	tho Till (this hospital) attended the deceased from March 29 19 80 to March 31 19 80 deceased alive an March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 80 and that in 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 19 (our) ppinion death occurred an the date and hour and from the live) (did) (March 31 19 19 (our) ppinion death occurred and hour and from the live) (did) (March 31 19 19 (our) ppinion death occurred and hour and from the live) (did) (March 31 19 19 (our) ppinion death occurred and hour and from the live) (did) (March 31 19 19 (our) ppinion death occurred and hour

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attending physicion and completely filled in by the funeral director nove corban papers. Pages 1 and 2 should be filed within 72 hours of

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MPORTANT: If Item 21 is morked or Item 18 shows ony

HAME

23a. BURIAL, CREMATION, REMOVAL

236. DATE 3/2

Y-	FOR STATE REGISTRAR	DEPARTMENT OF F	STATE OF MARYLAND ARTIMENT OF HEALTH AND MENTAL HYGIENE 0 6 5 6 9 CERTIFICATE OF DEATH REG. NO.		
	CEASED NAME FIRST OR PRINT) FREL	MIDDLE	US	3/19/80	DAY YEAR 26 HOUR
3. SEX MALE AFR		A RACE AFRICAN S. DATE O			IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN
76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY)		76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH C1 7 4 MD.	
10 6	ALTIMORE	M. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH ACULTY, GIVE STRUTT ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATEND 134 COUNTY 134 ON TOWN RE 134 INSIDE CITY LIMITS? 136 STREET ADDRESS PALL MALL RO 21215					
14 FATHER'S NAME FIRST MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST					
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT Shows 1744 Pluellyn as					
	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF MIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF MIA DUE TO, OR AS A CONSEQUENCE OF MIA DUE TO, OR AS A CONSEQUENCE OF MIA CONSEQUENCE OF MIA DUE TO, OR AS A CONSEQUENCE OF MIA DUE TO, OR AS A CONSEQUENCE OF MIA CONSEQUENCE OF MIA				
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? 206 IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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W	WHILE AT WORK AT WORK 220.1 certify that (1) (this hospit	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET . 19 80	CITY OR TOWN	19 that (I) (we) lost
	sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	THW-TIPLOR M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED
16	22d PHYSICIAN'S NAME ITYPE OF	SAMULAYIOR	22e. ADDRESS	NAI	

23; NAME OF CEMETERY OR CREMATORY

23d. LOCATION

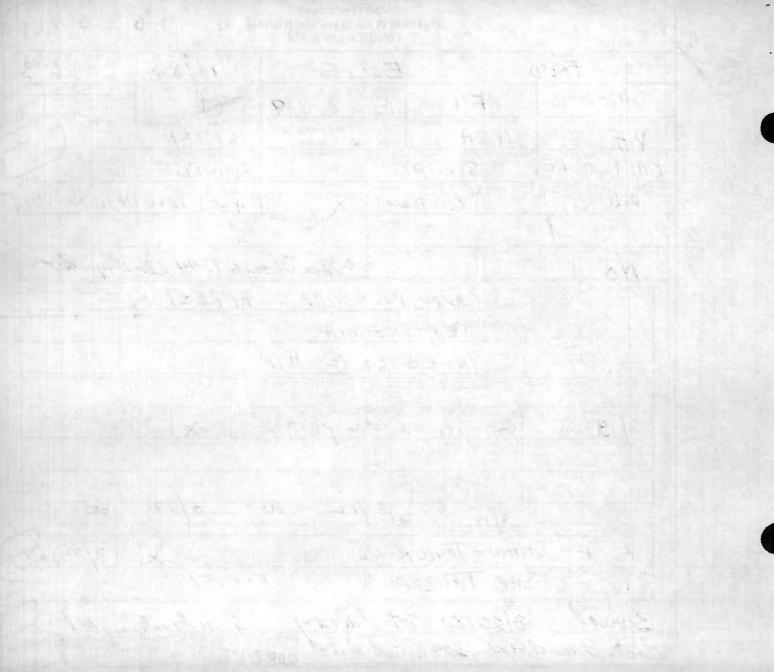
150 DATE REC'D.

BY REGISTRAR 25 BREGISTRAR SSIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal. TO HOSPITAL DHMH - 16 50M 7/77 (VR A 15 (4))

ATTENDING

physicio PHYSICIAN:



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE LAST 2s DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS W. CLARENCE ELSEROAD MARCH 1980 1 SEX 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS TONTH DAYS HOURS 1918 Male White Je. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED | BALTIMORE CITY IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Retired Clerk Typist Baltimore 43 D HOSPITAL JOHNS HOPKINS USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 0: 4019 N. Rogers Avenue YES T NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME TA 25 MIDDLE FIRST MIDDLE - a a. Burley Flseroad Elseroad Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 1942-1946 220-05-8544 Mrs. Mary H. Tinkler, Baltimore, Md. ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO. OR AS-A CONSEQUENCE OF ture. Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying Loraco PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY ENDING (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE 220 | certify that (1) (this hospital) attended the deceased from 80 saw the deceased alive an. , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATUR DEGREE 224 DATE SIGNED TO FUNERAL E should be detach with the State D ATTENDING MEDICAL MPORTANT PHYSICIAN PIDIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME ITER OF PRINCE 22e ADDRESS MONA 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN STATE COUNTY 3-31-80 Cremation Westview Mem. Park Baltimore 24. FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 25M Eline Funeral Home, Hamp stead, Md. 2107年 (VRA 15, 4) 1/79

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTI Duis 3. SEX 4 RACE 1890 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR IF UNDER 24 HRS DAYS HOURS XXXX KRXXX 89 TO BIRTHPLACE RISS FDAIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (MERCHANTS/oned FUMILIANE Store DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13b COUNTY 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME UNKNOWN ecna MR. DAVID BADBEMAN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT I (IF YES, GIVE WAR OR OATES) BROOKBURY DR., APT. 2B REISTERSTOWN, MD 21 1 SPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost TING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES F 71h TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a.1 certify that (a) (this hospital) attended the deceased from sow the deceased alive on 5 3 19. opinion death occurred on the date and hour and from the causes stated above, W (we) (did) (did not view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING L MEDICAL STAFF should be detowith the Stote [MPORTANT: If PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) BURIAL COUNTY STATE MAR.13,1980 beth jacob FINKSBURG CARROLL 74 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO, MD DHMH - 16 50M 1/76 21215 (VR A 15 (4))

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6.	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEN O O REG. NO.	6 5 7 4
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or settle	M ALE	WHITE	08 - 20 - 1887	XXXX 92 YRS	
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AND 24 h	M'D 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A JUST 130 CITY OR TOWN AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	13d INSIDE CITY LIMITS?	130 STREET ADDRESS APT	7. 404 #21215 5 LMUE
MARYL ed with ond 2 s	14. FATHER'S NAME FIRST SAMUEL	MIDDLE ERKES	15. MOTHER'S MAIDEN NA	-RUMA MIDDLE	UNKNÓŴN
BALTIMORE, cote be execut ysician and co ppers. Pages I vol.	(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURI VE WAR OR DATES) 218-32-4	TY NO. 17 INFORMANT MRS	. SHIRLEYADMIELER	
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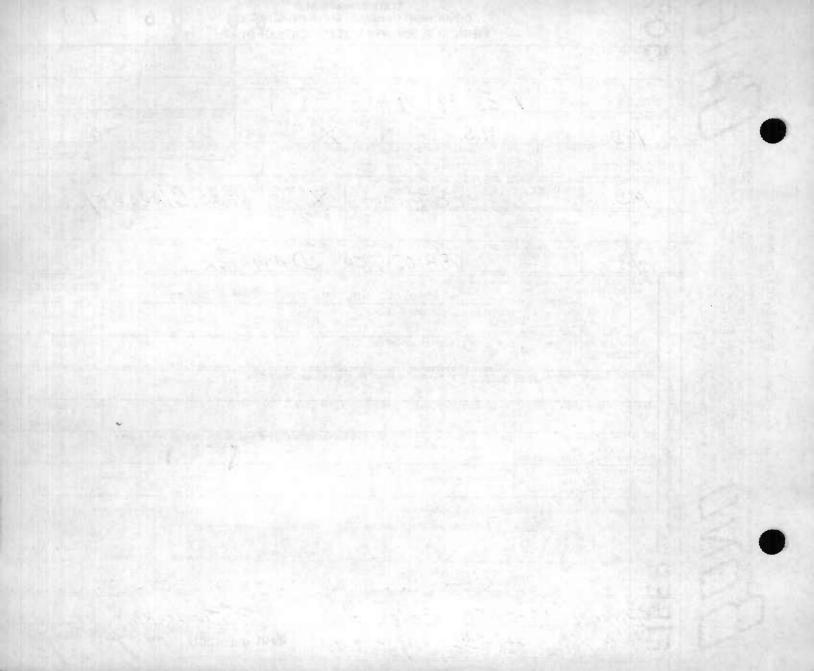
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page 3			OTHY L	EWART	MARCH 02	1980	12:20
Page 4 ma rector, pa rrs after d once.	3. :	F	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR AUG 24 1940	6 AGE IN YEARS LAST BIR!	MONTHS DAYS	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO. . DECEASED NAME 20. DATE KNOWN T MONTH YEAR (TYPE OR PRINT) OF ESTI-Grace Evler 22 1980 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER I YR. 3. SEX IF UNDER 24 HRS 2c. DATE 11:20 LAST BIRTHDAY) PRONOUNCED Female White DEAD 26 1980 a To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED DIVORCED SHOULD BE FILED, I RECORDS, 301 W 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Clareway USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE, CITY LIMITS? 136. COUNTY 13e. STREET ADDRES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST TRANSIT PERMIT. PAGES 1 AND NTAL HYGIENE, DIVISION OF VIT 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES [] NO X ORWARDED TO THE CI R; PAGE 3 SHOULD BE E STATE DEPARTMENT C , 21201 PRIOR TO BURIA BE 216. TIME OF INJURY 210. EXTERNAL CAUSE WAS 71c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STATE STREET, FACTORY, FARM ETC.) STREET CITY OF TOWN COUNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my apinion Inquiry death resulted from Accident Suicide Homicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL DATE 3/26/80 ER DEATH, Assistant PAGE 4 SHOU TO FUNERAL I SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St. TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236. DATE COUNTY STATE **DHMH-17** VR A15 ME (5)) 15M7/76



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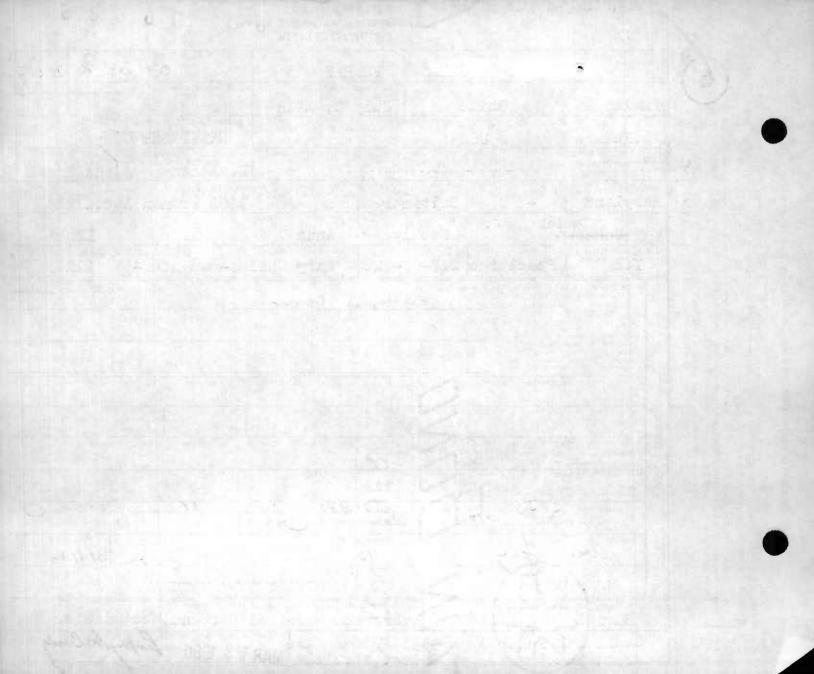
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED ESTELLA A. FARR 1980 5. DATE OF BIRTH AGE (IN YEARS SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE Re HOUSE LAST BIRTHDAY PRONOUNCED female white 17 1899 80 DEAD 1980 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY Md . MARRIED NEVER MARRIED USA WIDOWED & DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Homemaker OR INDUSTRY Baltimpre 3900 N. Charles Street 2, AND 3 TO 3. RETAIN PA 2 SHOULD BE RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Apt 509 13e STREET ADDRESS 3900 N. Charles St 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore YES4 NO F CRM PM 3 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Unknown Parr Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) J. Herbert Langrall 204 Southway CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL 18 BURIAL-TRANSIT PERMIT.
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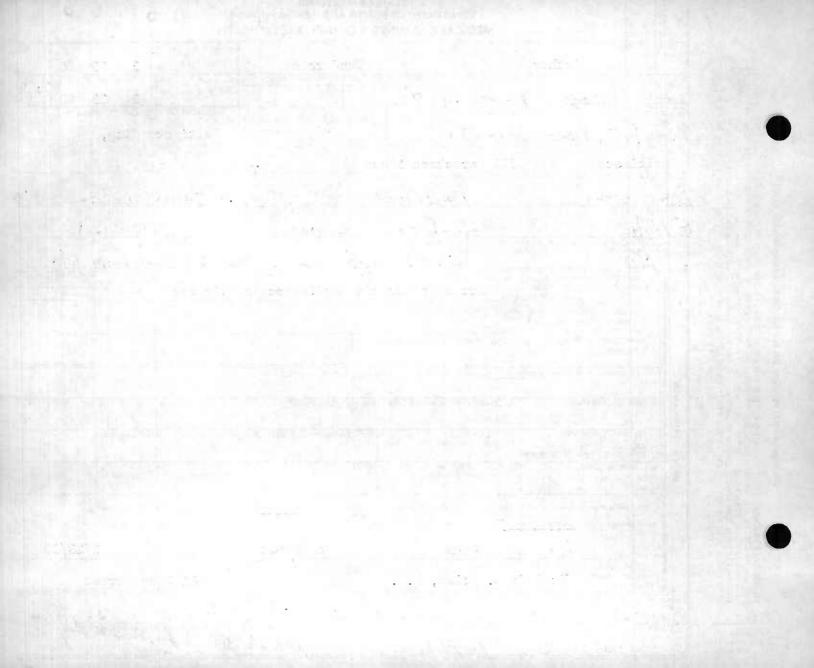
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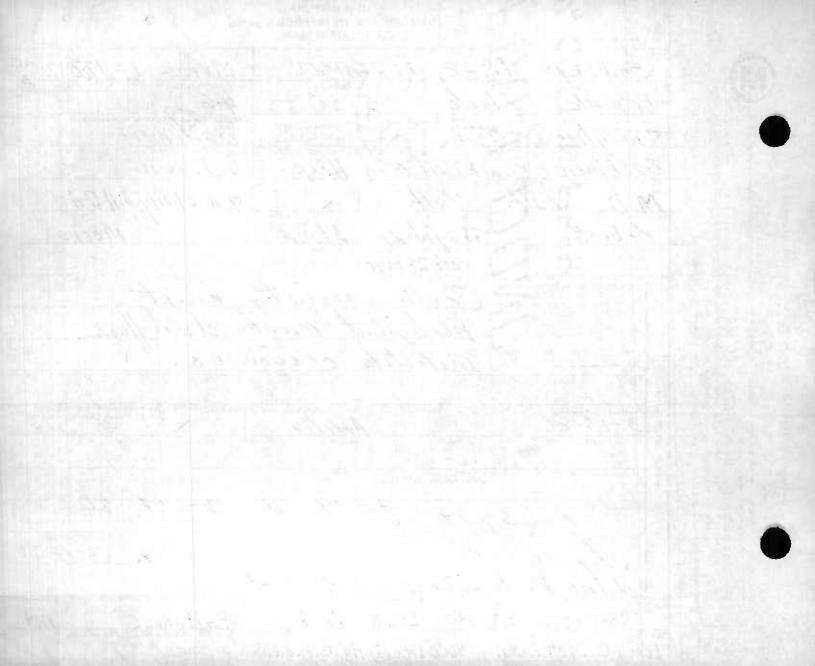
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Margaret Fester March 9, 1980 M. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF LINDER 1 YEAR IF UNDER 24 HRS February 7, 1893 HOURS Female White BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
4516 Arabia Avenue PE OF WORK FOR MOST OF WORKING LIFE)
Housewife **INDUSTRY** Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Balt., Md. 21214 4516 Arabia Avenue 136 COUNTY Baltimore Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Thompson Howard Arch Katherine 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Daughter: Balt. Md. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 214-20-0936 Margaret E. Brown 4516 Arabia Ave. 21214 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate selerosis & Ischemia couse (a), stoting the underlying CERTIFICATION 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from _ 19 80_, and that in (my) (own apinion death accurred on the date and hour and from the couses stated sow the deceosed olive on obove, (1) (we) (did) (did not) view the body ofter death DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN MPORTANT: CIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the 4706 Harford Road Baltimore. Maryland Dr. Harold V. Harbold M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Mar 12 1980 Burial Woodlawn Cemetery Woodlawn 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Leonard J. Ruck, Inc. Baltimore, Maryland (VR A 15 (4))

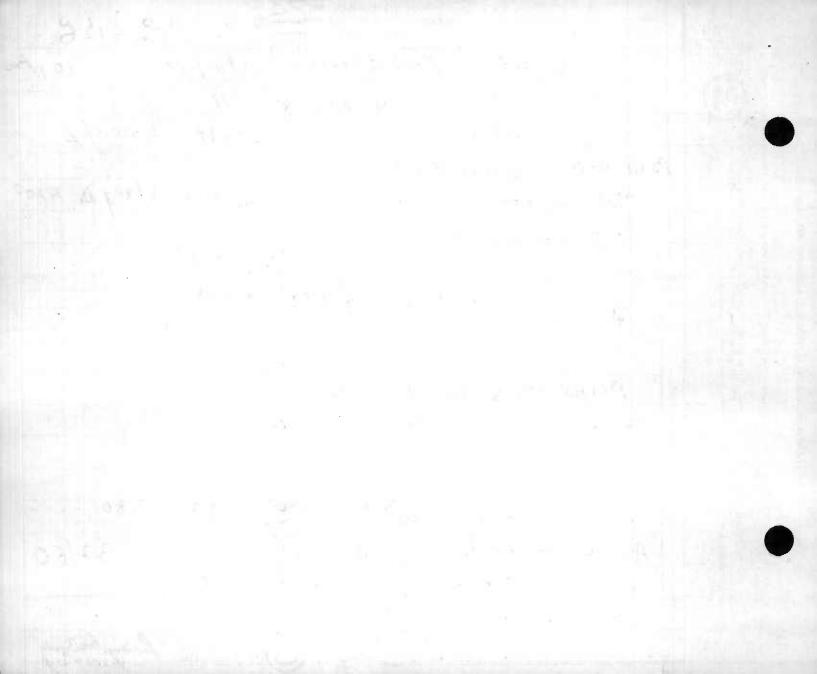
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TTAL OR AT y the hospital RAL DIRECT Stached for tate Dept. of NT: If Item 2		7b. SIGNATURE	Erre	M		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
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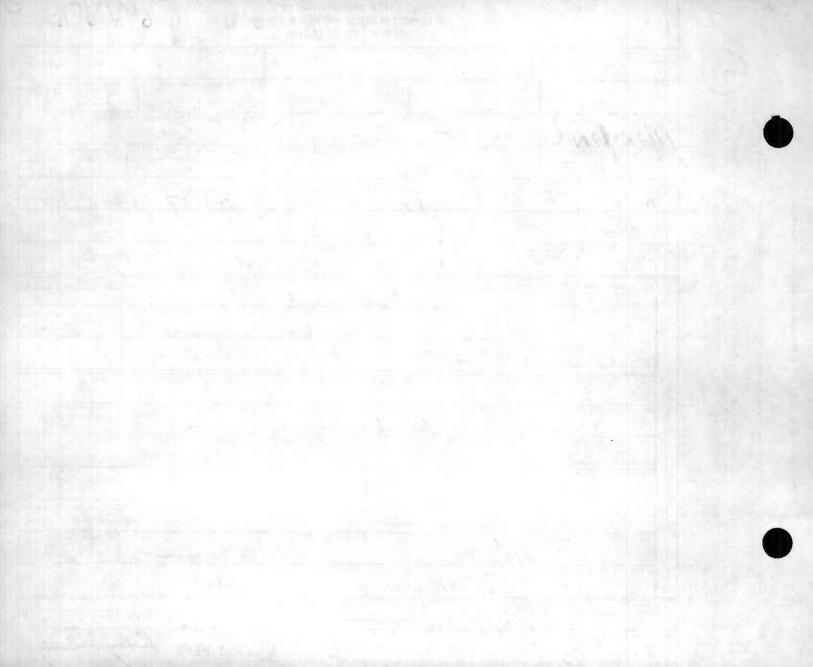
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	FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	REG. NO.	6 3 9 4					
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3 SE	m	4 RACE	5. DATE OF BIRTH JAN YEAR 9		MONTHS DAYS HOURS MIN					
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with the State De	27d. PHYSICIAN'S NAME (TYPE	1 MARK C.	MED UMD.	Hospital						
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, 1	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		126 KIND OF	BUSINESS OR
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H		22d. PHYSICIAN'S NAME (TYPE OR			22e. ADDRESS Z	DIRECTOR PHYSIC	MINI		
	(1)		n samu	24		Dernen	his	.4	
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1	/3a. B	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COI	Lyzell	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

INEM Cathedral Cemetery

24 FUNERAL DIRECTOM 630 Edmondson Aveobass Catonsville, MD Witzke Funeral Home of Catonsville, P.A.21228

Which is a first our supplementation of the contract of the co the north and another the second and
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 2h HOUR RegINA (TYPE OR PRINT) 30 emina 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH FeMALE 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baltimore City WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore St. Agnes Hospital Defense Plant Laborer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ret ISUAL RESIDENCE (IF NURSING HO OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Baltimore Maryland 23 Wade Avenue, 21228 Catonsville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nelson Stockman Daisy Olive Derr 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES. NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! 219-03-2043 Victor N. Stitz, 2591 Pin Oak Drive, Media, no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY manary IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF schie Cardiovascular dispus Conditions, if onv. which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION any 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and Mental Hygin 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM ū 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that (1) (this haspital) attended the deceased from 2 -FUNERAL DIRECTURED BY The State Dept 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL APORTANT: DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Gulab Shah St. Agnes Hospital, Caton Ave. Balto. Md. shaul with 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3-28-80 Frederick, Md. Mt.Olivet Cemetery Frederick, BY REGISTRAR 256. REGERAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Hubbard Funeral Home Inc 4107 Wilkens Ave 21229 (VR A 15 (4))

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	EASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE KNOWN (
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	Md.	U.S.A.	WIDOWED DIVORCE		
	y or fown of death 1 timore	11. NAME OF HOSPITAL, NURSING 401 E. Eager Str	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	OR INDUSTR
		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE			
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14 5 4 7	THER'S NAME	BALI	O, YES NO	920 N. STE	ICKER OF
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		WAR OR DATES)	DIME KI	ETCHEP	SAME
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		ge of the remains described above, held			and in my apinian
	death resulted fram: Natu	ral causes XX Accident .	Suicide, Hamicide	Undetermined manner	,
	ACTUAL ///	711/1/11	TITLE (SPECIFY) Assistant		DATE 3/30/
	SIGNATURE		M.D.	MEDICAL EXAMINER	SIGNED
	EXAMINER'S NAME (TYPE OR PRINT)	Hormez R. Guard,	M.D. ADDRESS 111 F	enn Street,Ba	1to.,MD 21201
	RIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY ST
(SP	BURIAL	4/2/80 Kin	O MEM. PK.	BALTE BALTE	
24. FU	NERAL DIRECTOR	ADDRESS		EC'D. BY REGISTRAR	STHAR'S SHONATHRE
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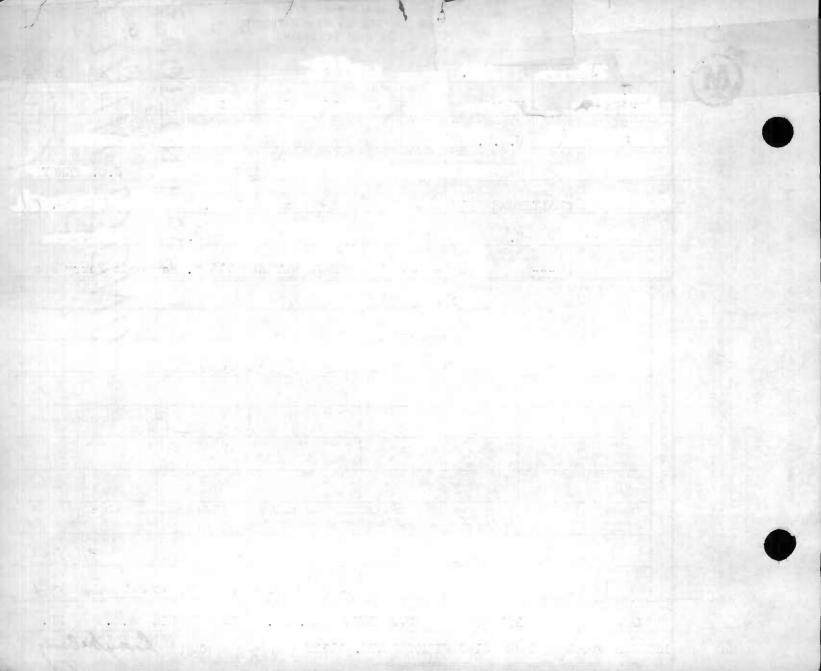
(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



HUBBARD FUNERAL HOME 4107 WILKENS AVE.

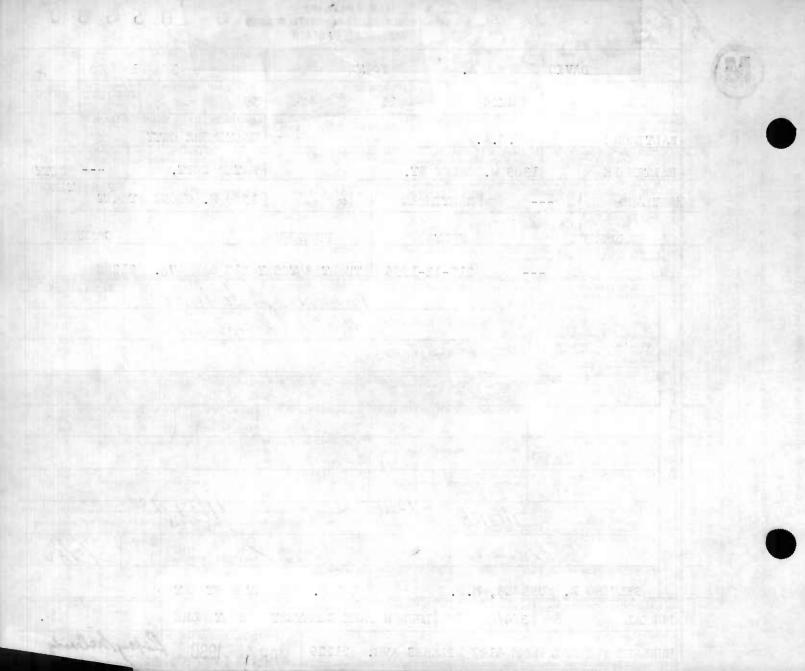
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

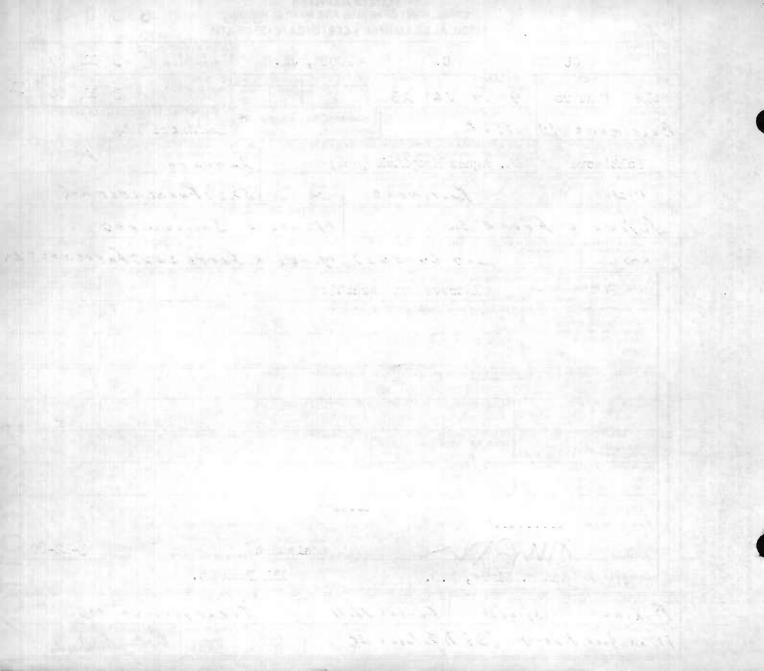


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8	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HY	REG. N	0.	
0.4		CEASED NAME FIRST	Richard	MIDDLE Bagby	7 1	Fones, Sr	20. DATE OF DEATH	MONTH OAY	YEAR 26 HOUR
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)	3. SE	Male	4 RACE Wh	ite	Jan	DAY YEAR	6. AGE (IN YEARS LAST BIRT	89 MON	THS DAYS HOURS M
683	7a B	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DENEVER MARRIED DIO	9. BALTIMORE CITY O		LORE Cit
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Xamine Xamine	14. FA	Richard	P.	Fones		IS MOTHER'S MAIDEN NA FIRST Mary	MIDDLE		Smith
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	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOV		COUNTY STATE
21 is		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on	19	, 01	d that in (my) (our) opinion	, , , ,		, that (I) (we)
ANT: If Item		22b. SIGNATURE	Jala	alds	94	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (X	393
IMPORTANT		220 PHYSICIAN'S NAME (TY	PEDEPRINT)	iv		SINAL I	JATI 920H	- BR	ILTIMORE
3 2		BURIAL, CREMATION, REMOVE Burial				emetery or CREMATORY n Park Cem.	23d LOCATION CITY OR TOWN Baltimo	re	UNITY STATE
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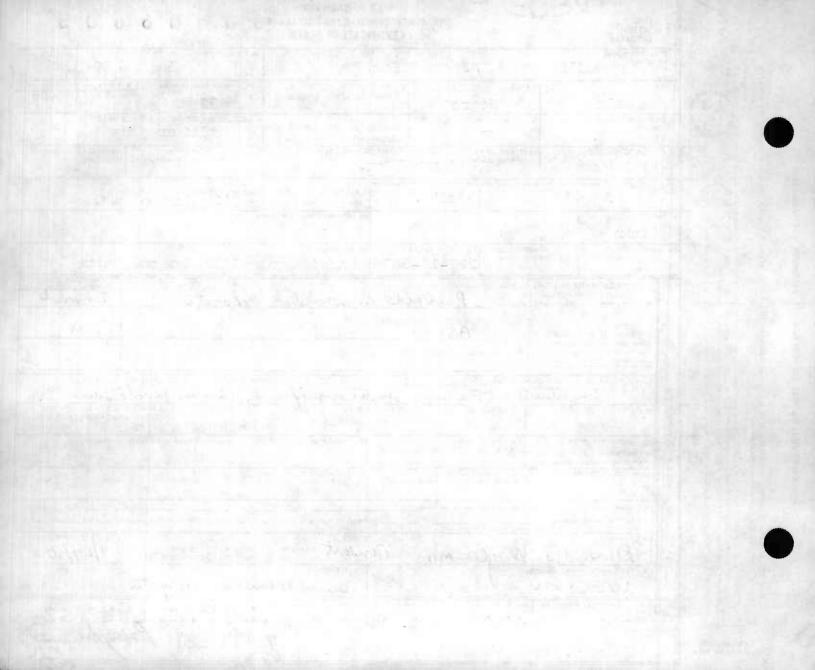
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TOPE OR PRINT JULIUS C. FOOTE, JR. DEATH MATED 3 11 19 80	JULIUS C. FOOTE, JR. DOFTEST, DATE OF BIRTH DAT							MED	ICAL	EXAMI	NER'S	CERTIFI	CATE	OF DE	ATH	REC	G. NO.				
SEX SEX SEACE DATE OF BIRTH SEAGE INTERES FUNDER 24 HIS TO DATE	JULIUS RACE			E	FIRST		,				LAST			2a. DATE	KNOW	N CX				2b. HC	
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10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY STREET ADDRESS) 126. MINDUSTRY 126.	IL CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1726 USUAL OCCUPATION (TITE OF WORK 1726 NOTHING 1726 USUAL OCCUPATION (TITE OF WORK 1726 USUAL OCCUPATION (TITE OF WO	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY													Y OF DEA	ATH					
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PART I DEATH WAS CAUSED BY: Intravenous narcotism Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONTRIBUTION GOVERN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONTRIBUTION GOVERN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONTRIBUTION GOVERN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONTRIBUTION GOVERN IN PART 1 (g). PART 2 OTHER SIGNIFICANT CONTRIBUTION GOVERN IN PART 1 (g). PART 2 OTHER SIGNIFICANT IN PART 1 (g). PART 2 OTHER SIGNIFICANT IN PART 1 (3/	Tal	361	1. 1	005	Ø 45.	121	rr.			
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deoth resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined monner ,	EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. ADDRESS 1230. BUBICAL CREMATION, REMOVAL 235. DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY. COUNTY.				9	W	NA	M	1					it	ICAL EVA	MAINIED			3-	12-	80
deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) ASSISTANT: DATE 3-12-80	(TYPE OR PRINT)ADDRESS. 236. BURIAL CREMATION, REMOVAL 236. DATE	SIGNA	51	IGNATURE _	3	7100	- WA	1			^	1. U		MED				SIGNE			
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deoth resulted from: Notural causes A, Accident D, Suicide D, Homicide D, Undetermined monner D, ACTUAL SIGNATURE AND M. DIXON, M.D. ASSISTANT MEDICAL EXAMINER SIGNED 3-12-80 EXAMINER'S NAME AND M. DIXON, M.D. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 1 4 1080 Links Reclaim	2 AME	w	a /		1/1	per i	DORESS	20	Ino	e. 56		NA A	D 1 A	1000	AK 230.	131	2	La A		



Tarring Funeral Home. P.A. Aberdeen. Md. 21001

(VRA 15, 4) 1/79

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		m G542 4/15/80	18,21a-22a dadSTATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE)	0 4
	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	00
		CEASED NAME FIRST OR PRINT)	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 76. HOUR
HOURS STREET,			NDLES LORENZO FORTSON DEATH MATED	19 M
PRESTON STR	3. SEX	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR ASSERTION ASSERTION ASSERTION AND HOURS MIN. PRONOUNCED MONTH MONTH ASSERTION AND HOURS MIN. PRONOUNCED	DAY YEAR DI-HSOR
		RTHPLACE (STATE OF	75. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNT	18 ₁₉ 80 a _M
7	314	REIGN COUNTRY) GA	WIDOWED SEP DIVORCED Baltimore City	MD.
2	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS)	126. KIND OF BUSINESS OR INDUSTRY
	USUA	Baltimore L RESIDENCE (IF IN NURSING HOME	1400 Leaderhall Street For other institution, Give RESidence Before Admission)	
>	13a. S	13b. COUR	136 ITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS) YES NO 2/1/9 PARK	AUE
0	7	OF W. A	TORTSON LAST RYBY BROWN	LAST
	16a. V	(AS DECEASED EVER IN U.S. AR	IRMED FORCES? VE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VE WAR OR DATES) 1759 66 950. MRMARY STEWART 4023 W.	GARRISON AGE
		PART I DEATH WAS CAUSE IMMEDIA	ATE CAUSE (o) DYOWNING DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a) stating the under	te / (b)	
1		lying cause last.	(c)	
	N	PART 2 OTHER SIGNIFICANT CONDITIONS	VS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
1	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	TIFIC			YES NO
		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 3/18/09 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PAR Subject drowned	₹₹ 2)
	MEDICAL	214 INILIRY OCCURRED	210 PLACE OF INJURY (ATHOME, 211 LOCATION	Mrry Md. STATE
		AT WORK AT WORK		
			rge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my ap	inian
		11	TITLE (SPECIFY)	
-		SIGNATURE LOU	M.D. Assistant MEDICAL EXAMINER SIGNE	3-18-80
1		EXAMINER'S NAME (TYPE OR PRINT)	Margarita A. Korell, M. D. ADDRESS 111 Penn Street	
1	23a.B		236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CIDE OF COUNTY	NTY STATE
	24 FI	SURIAL DIRECTOR	3-23-80 SHILLOH CH, CIEM JAPRILLATURE	(3/9)
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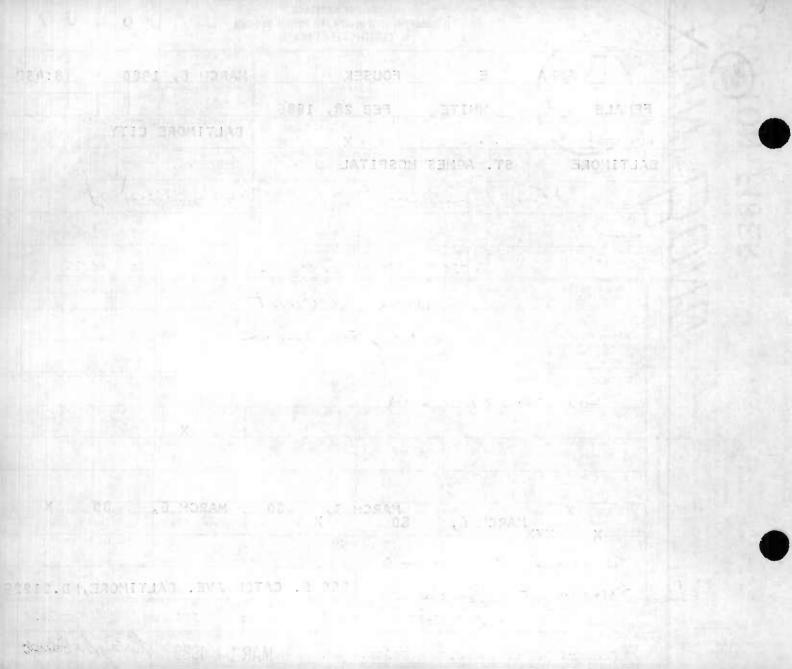
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 80 30 ARCHIE FOSSE 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Male Negro 12 67 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA MD RALTIMORE WIDOWED DIVORCED IA CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 1233 ${\sf MD}$ Baltimore Lafavette Ave 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 FIRST MIDDLE LAST MIDDLE Norman Fossett Annie Gross ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 218-05-7539 Leola M. Fossett 1233 W. Lafavette BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for 10 , 16 , and c PART I. DEATH WAS CAUSED BY DISS RWIMS PED POORLY DIOCER ZWHATED CA Conditions, if any, which gove rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP Sho Mentol Hygi 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 1.9 211 LOCATION 21d. INJURY OCCURRED or 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1152180 313 43 220.1 certify that (1) (this hospital) attended the deceased from. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c, DATE SIGNED ATTENDING MEDICAL 3/70 + DIRECTOR PHYSICIAN be de 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b IMPORT, ROBERT J. M.D. UNION MEMORIAL HOSPITAL \$ E 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Burial 3/7/80 King Mem. Park Baltimore MD 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 1101 E. North Ave. 1980 March F/H (VRA 15(4))

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FOR

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24. FUNERAL DIRECTOR

HUBBARD FUNERAL HOME

DHMH - 16 50M 1/76

(VR A 15 (4))

1 DECEASED NAME

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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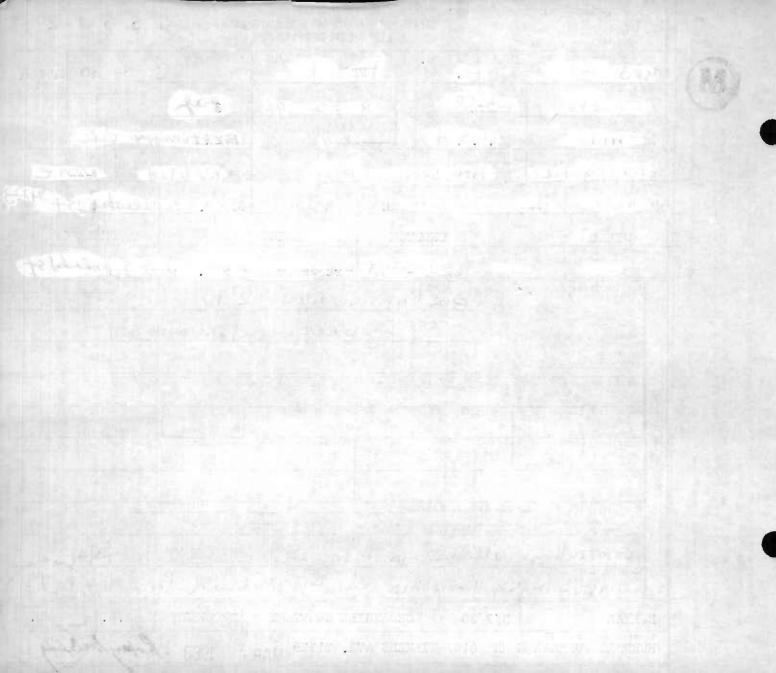
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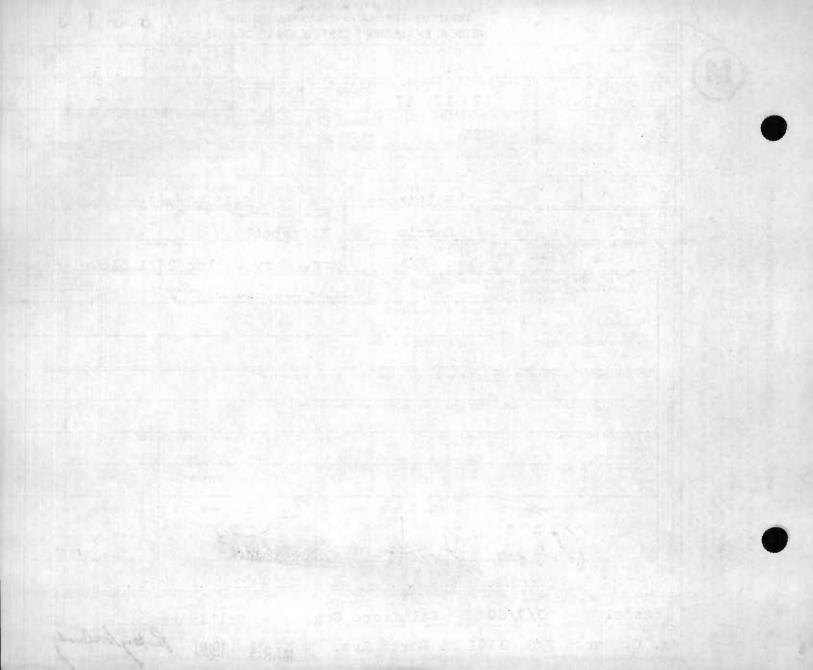
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH YEAD 2b. HOUR (TYPE OR PRINT) mme 212 COMPE 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH DAY VEAD HOURS White Female 10 12 10 BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR BALTIMORE STOTAGNES CHOSPORTAL (TYPE OF WORK FOR MOST OF WORKING LIFE) Pitts. Paint-Glass Payroll DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITA? 2421 Rockwell Avenue Baltimore Catonsville A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MADDLE MIDDLE Catherine Volkert Gross August ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Same as #13 216-01-0790 R. Edward France No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY cardiac IMMEDIATE CAUSE (O) DUE TO OR AS A CONSEQUENCE OF in Garction Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that > (this hospital) attended the deceased from 80 sow the deceased olive on , and that in (pag) (our) opinion death occurred on the date and hour and from the causes stated obove, (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING STAFF MEDICAL should be dete with the Stote IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 900 CATON AVE BALTIMORE MD 21229 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE 3/13/80 St. John's Cemetery Ellicott City Howard Maryland Burial 250. DATE REC'D, BY REGISTRAR 256. RESERVED BY 24 FUNERAL DIRECTOR Witzke Funeral Home of Catonsville DHMH - 16 50M 1/76 1980 (VR A 15 (4)) 1630 Edmondson Avenue Catonsville, Maryland

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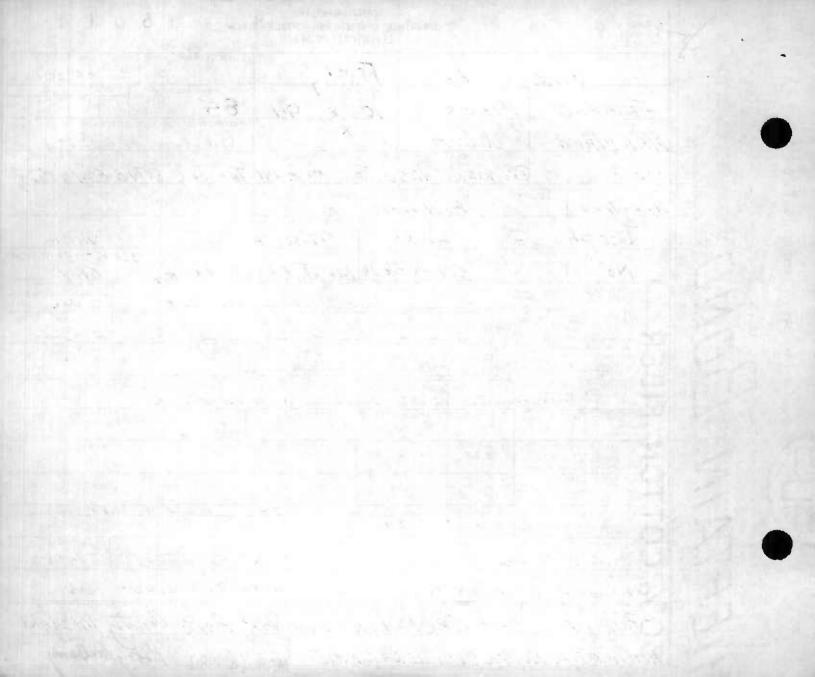
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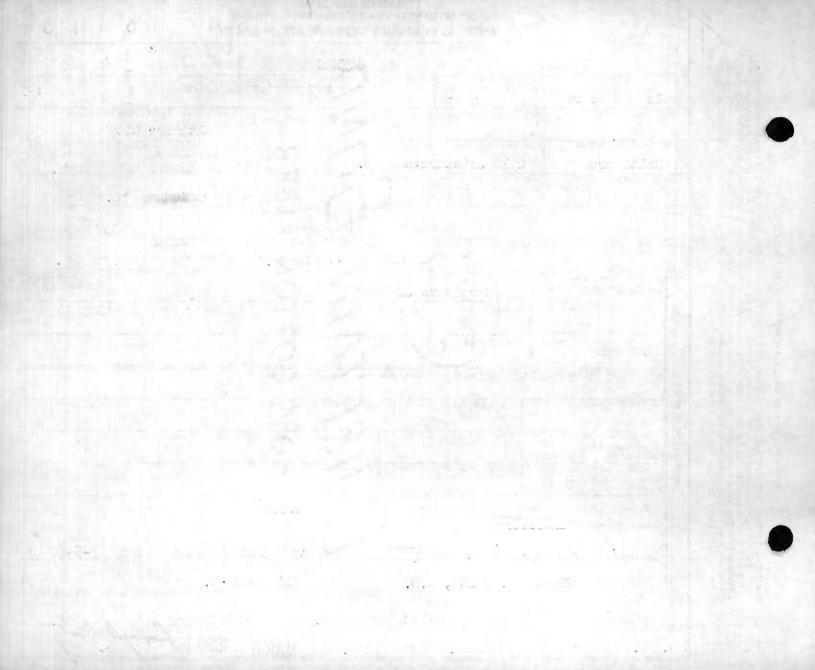
1	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		6616
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ATTEN plus of an ECTOR: for use as of Health		220.1 certify that (h (this hospital sow the deceased alive on above (1) we) did (did nat)	3/13	10	90 to 3(13)	haur and fram the causes stated
PITAL SH by the hou by the hou by the hou sure Dept		226. SIGNATURE Band			DING MEDICAL STAFF	221. DATE SIGNED 3(13/80
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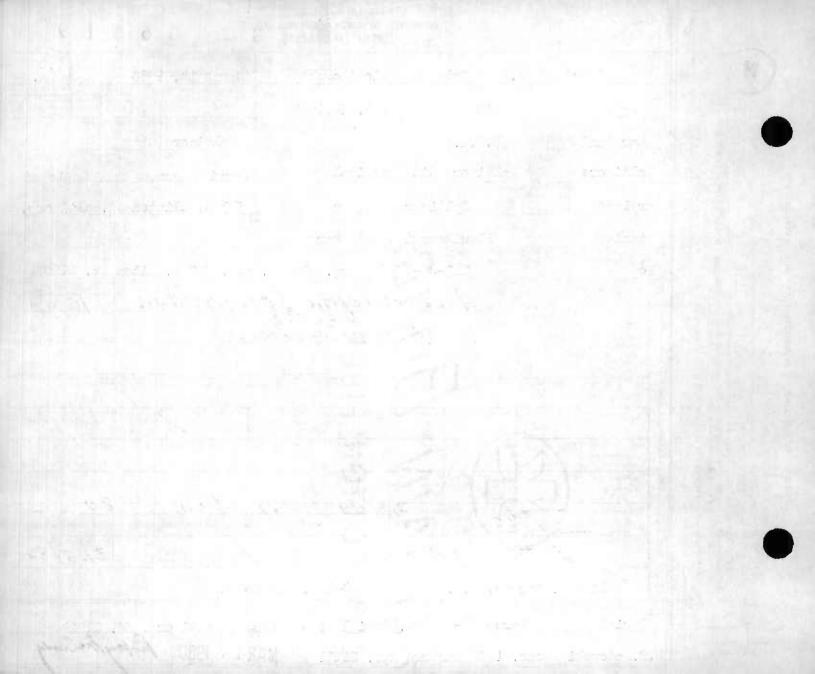
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH IF UNUER 24 HRS MONTH HOUR5 30 1895 June **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) U.S.A. Baltimore City Maryland WIDOWED DIVORCED | 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore Gen Hospital Salesperson Dept. Store W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS filled ould b 3026 Abelle Ave. Md. Balto. YES 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Peter Scheeler Henrietta Schramm ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 6329 Gladys Hall 303 W. Arundel Rd. 18 CAUSE OF DEATH (Enter only one couse per lune for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTAILS CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70h. IF YES, WERE KINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY' pr IN CERTIFYING CAUSES OF DEATH? YES [NO [NOF Mental Hygi 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 219 2 O' and that in (my) (amy opinion death accurred on the date and hour and from the causes stated saw the deceased alive an above, (1) (we did did not) view the body after death 22b. SIGNATURE 77L DATE SIGNED PATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRIN V2e. ADDRESS should be 0 23d LOCATION 230. BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 3/19/80 Burial Druid Ridge Cem Baltimore, Maryland ADDRESS Balto. 21225 250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S 24 FUNERAL DIRECTOR DHMH-16 50M 7/77 (VR A 15 (4)) George J. Gonce 4001 Ritchie Hgwy

NAME OF THE PROPERTY OF THE SE vita execution in the same and the state of the same state of the Paltimore Go. Baltimore Jen Jespieal spiece of comities Telse. x 3025 thells are. D. D. 213 03 6329 Hicking Mill 303 W. Arridge Mc. Burial 3/19/80 Dala Sides Jam Saffinger, carriend Cachra J. Wonce 4001 ithohie Heav

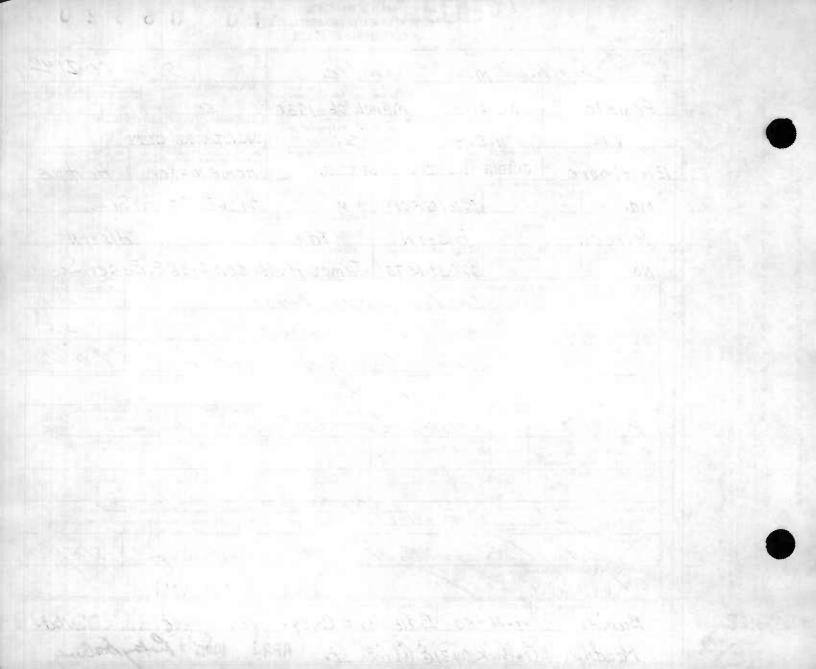
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	14. FA	THER'S NAME	WIDDI	E	£,	AST	N. S.		ER'S MAIDE	NNAME	M	IDDLE			LAST	
		Frank			Gai	nes			nnie		UHU			Gai	nes	
1	16a. W		J.S. ARMED FO YES, GIVE WAR OR I	DRCES?		AL SECURITY		17. INFOR				ADDRESS				
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5	CERTIFICATION	19a. DATE OF OPERATIO	N	196. CONDITIC	N FOR W	HICH OPER	ATION W	AS PERFOR	MED?				Te.T	20. /	AUTOPSY?)
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ta buriol, crem njury, or other	2	TIFICATION	couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c) T CONDITIONS <u>C</u>	ontributing t	O DEATH BUT		200 AUTOPSY?	206. IF YES, V	WERE FINDI	INGS USED S OF DEATH?
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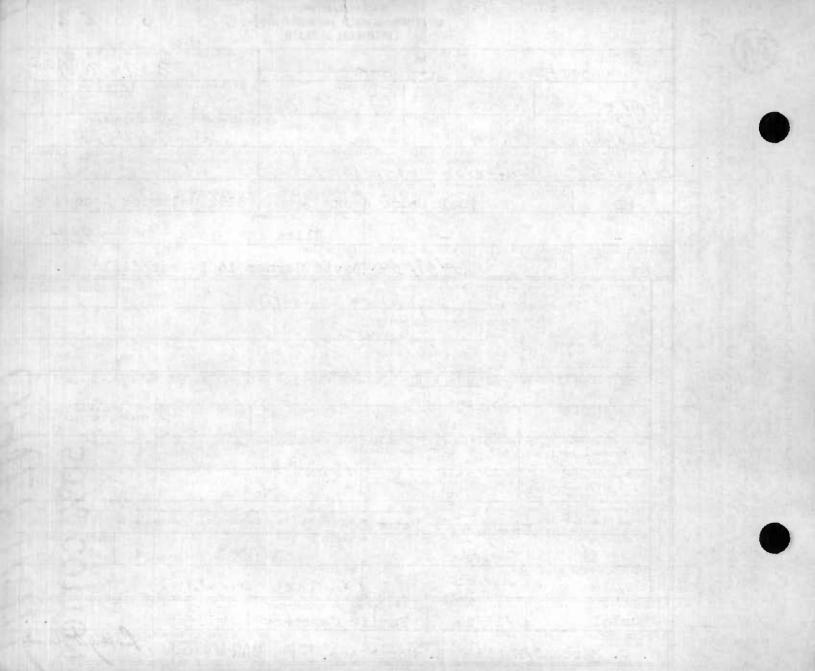
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× 000 6		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line far (a), (b) BY.	i, and icid	1 1	. /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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requires signed l en pleas to burial	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT REVATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
any any	CERTIFICATION	y Gel	ongosercor	ma i	Meras		
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CTO or use of He m 21		saw the deceased alive on, above, (1) (we) (did) (did no	3/30	1980 /01	d that in (my) (aur) opinion	death occurred on the do	te and hour and from the causes stated
hospital or a DIRECTOR hed for use a Dept. of Hea		226. SIGNATURE	view the body diret debth.	-	DEGLEE		224. DATE SIGNED
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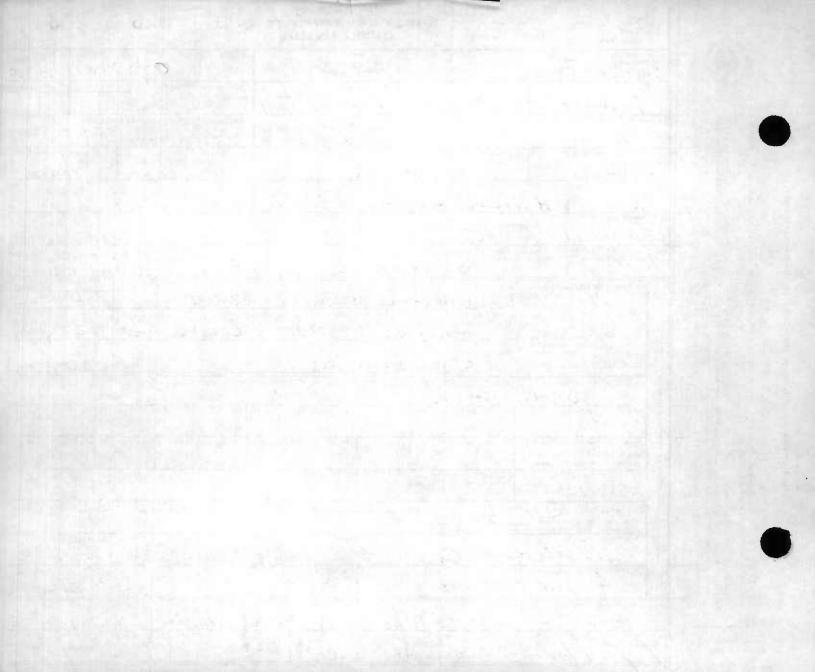
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QQ 2		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE U O O Z Z CERTIFICATE OF DEATH REG. NO.					
	5		CEASED NAME FIRST ORPRINT) ROBERTA	WIDDLE	Farner	NST .	20 DATE OF DEATH	3 -1/-	YEAR 26. HOUR 92.5
ge 4 may	orier o	3 SE	emale	N.egro	S. DATE O	F BIRTH DAY YEAR 15 06	6. AGE (IN YEARS LAST BIRT	HDAY] IF UND	ER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
leoth Pa	of ance.	70. BI	RTHPLACE (STATE OR FOREIGN) OUNTRY)	USA	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DE	EATH MD.
201 rs offer o	notified with	Ba	Himore	11. NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY, GIVE LUMPERAN		rother institution	120. USUAL OCCUPATI		KIND OF BUSINESS OR
AND 212 n 24 havi	must be	USU, 13a S	AL RESIDENCE (IF NURSING HOME OR OTATE 136 COUN	TY 13t. CITY OF		13d. INSIDE CITY LIMITS? YES NO	3302 Wal	brook A	Avenue
MARYLA ted within		14 FA	THER'S NAME FIRST M	AIDDLE LAS	ST	15. MOTHER'S MAIDEN NAM Eliza	WIDDLE		ASH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician.	e medical		VAS DECEASED EVER IN U.S. ARA ves, no or unknown) (IF yes, give NO	MED FORCES? 166 SOCIAL WAR OR DATES)	1 SECURITY NO.	17 INFORMANT David Garne	andre er 1608 He	eathfiel	
ST., BAL	emaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), () BY. E CAUSE (a)	(b), and ich	y arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce	dive carb		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	tron			
on W. PR that the	al, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
ORDS, 20	ar to bur	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ASC	v D	y and the	INAL DISEASE OR CON		
AL RECC The law sian.	shaws any in		190 date of ope r ation	196. CONDITION FOR V	VHICH OPERATION		200 AUTOPSY?	IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO []
PHYSICIAN: The ending physicio	Mental Hygiene or Item 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	214. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OF	(PART 2)
DIVISION OING PHY or attendi	as the but thand M arked ar	MEDI	21d INJURY OCCURRED WHILE NOT WHILE NOT WORK NOT NOT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN CO	UNTY STATE:
ATTENDI Sprital or CTOR: A	a for use t. of Heal n 21 is m		220 I certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did) (did nat		-19 Tatur a	d that in (my) (our) apinion o	death occurred on the de		from the couses stated
TAL OR y the ho RAL DIRE	Store Dept		226. SIGNATURE S. Su	warsgool		PEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF /	3/11/80
O HOSPITAL etained by th	with the State		SURAPOL SUCU	ANAGOOL		220 ADDRESS Luther an	Hospital	of Balt	imon
50 GBP_	v \$ ₹	(BURIAL, CREMATION, REMOVAL Burial	3/15/80		y Cemetery	23d LOCATION CITY OR TOWN Halifa:		N.C.
DHMH - 16 50/ (VR A 15 (INERAL DIRECTOR NAME C. March F,	/H 1101 E.	North		MAR 1 2 198	25b. REGISSIAN	15NAXE Crody

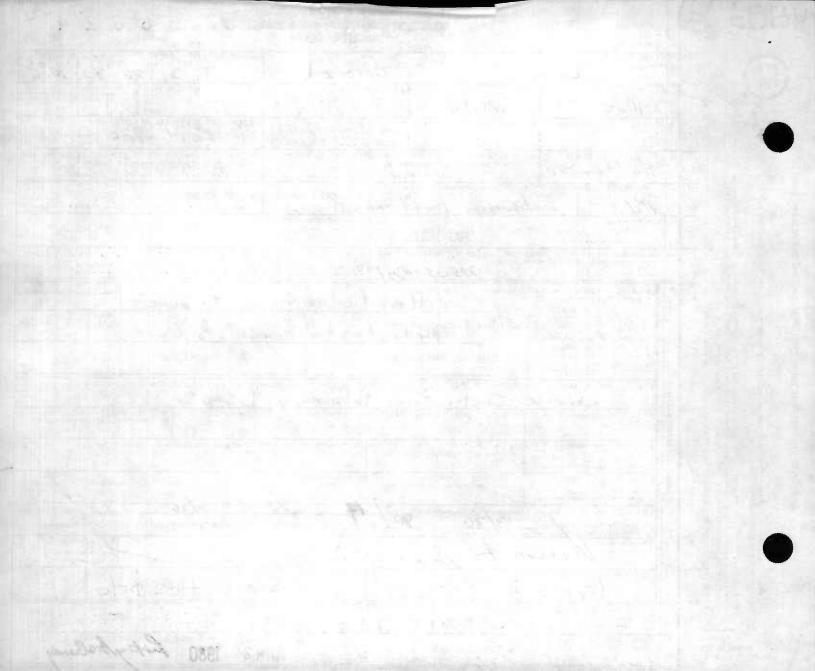
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		500	Label VI	STATE OF MARYLAND		0 / 1 0	
0	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
(BB)		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH		HOUR
71	<	avah tran	0.0	Garage		03/15/1580	10 321
70.4	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF	UNDER 24 HRS
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D G	10 C	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		
39	F	29 Himore	Couchout H	EET ADDRESS)	TYPE OF WORK FOR MOST OF	1/	452
3	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BE		4	OIFC //C	430
70	130.	STATE INDICON		, 7	13e STREET ADDRESS	-1 19	
100	14 F.A	ATHER'S NAME	alleax Holl	15 MOTHER'S MAIDEN	P. U. 1.) Q	7 61	
7 3/2	1	FIRST	MIDDLE TO LAST	FIRST	WIDDLE	11 tAST	11
	6-	MANUE / VAS DECEASED EVER IN U.S. AI	Kichard	Ison Sarah	ADDR	Hedges	oeth
3	()	YES, NO OR UNKNOWN) I (IF YES, GIV	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	r	10366 Buen	A VistaA
e m		NO	214-80	-1498 Mrs, Celist	er Evans	Lanham, mo	1.
ŧ.		18 CAUSE OF DEATH Enter o	enly one couse per line for (o), (b), ED BY:	ond (c)		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
ven			ATE CAUSE (0) CAROL	O RESSPIRATORY	ARROST	8.	nin.
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Ĕ		Conditions, if ony, which	0 11 0	NIL OBJANIANU	I LUNG DU	as Labling	yen
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		underlying couse lost	DUE TO, OR AS A CONSEC	OS CHIPOSIS		30	en
		PART 2 OTHER SIGNIFIC ANT		O DEATH BUT NOT RELATED TO THE TE	PANNAL DISEASE OF CON	DITION GIVEN IN PART 1/a	
2	Z	DEA		o beautiful to the te	KMINAL DISEASE OR COIN	DITION ON EN INTERNATION	
ony ii	A	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS	USED
2 4	윤					IN CERTIFYING CAUSES OF	DEATH?
og	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	171r HOW IN IURY OCC	YES NO		40 🗌
or Item 18 shov		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	ORNED (EINIEK NATURE OF INJU	KI IN IEM 10, PART I UKPAKI 2)	
or Item	Š.	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
morked	\	AT WORK NOT WHILE AT WORK					
s mc		220 I certify that (I) (his hosp	ottended the deceased from		40,10 3-13	, 19 0 , tho	(I) We lost
21 is		sow the deceased alive or	of view the body after death.	ond that in (my) (our) opinion	on deoth occurred on the d	ote and hour and from the cou	ses stoted
<u>=</u>		22b. SIGNATURE	or view tile body after deoth.	DEGREE		22c. DATE SIG	NED
- <u>-</u>		Mille	vander	MO ATTENDING	MEDICAL STA	FF 1 7-11	-20
Z-		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAND	
J RT		A MAI	K ANDA	PRO	unno	1/200, -	,
With the Stote		M. W.	1111111111	10000	1200	Hon, not	
-	23o. E	BURIAL, CREMATION, REMOVAL	L 236. DATE 23	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COSINTY	STARK S
		Burial	9/20/80 7	ine Chapel Ceme	tun Holliste		N.C
A 1/76	24. FI	JNERAL DIRECTOR	ADDRESS	MASDO	ATE RIC'D. BY REGISTRAR	TA RECISTRAR'S SIGNATURE	
(4))	1	6. Clar	ir Warren	ton U.C. MAR	~ 1 198U	- The Creedy	



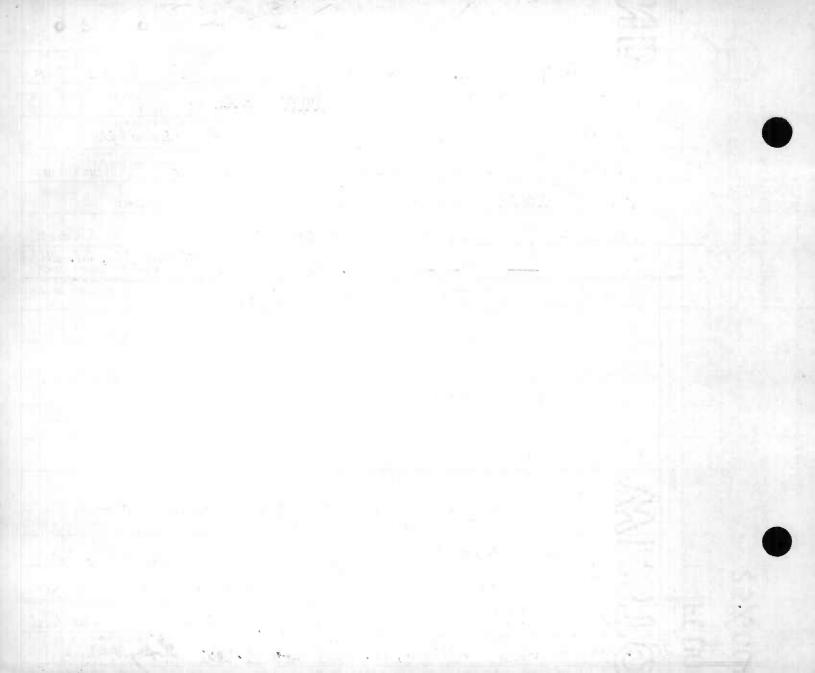
6010 REISTERSTOWN RD. BALTO.



					STATE OF MARYLAND		
1		1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYC	IENE()	6 6 2 5
	- 10	1 -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
1		1. DÉC	EASED NAME FURST	MIDDLE	LAST		NONTH DAY YEAR 26 HOUR
4	ф 3 e		ORPRINT) Walte	ea Mo	Garriott		3 9 80 5254
	de de	3 SEX		RACE	5. DATE OF BIRTH	6 AGE JIN YEARS LAST BIRTH	2 2 2 3 17/1
	(0.0)	3. 3E/		RACE	MONTH DAY YEAR	AGE JINTEARS LAST BIRTH	MONTHS DAYS HOURS MIN
	NIVI)	10	TALE	WHITE	06-05-1898	ěl	YRS.
	000	7a. Bil	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	dept uner un 7		ABULAND	U.S A	WIDOWED DIVORCED	BALTIMO	
	offer of with ed with ed with	10. CI	TY OF TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
10	by tilled	6	ALTIMARE S		eps GENERAL HOSPE	TRUCK DE	
MARYLAND 2120	in in be	USUA Tag S	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	
2	filled ould	umg.		waste butties		35 OLDAN	Mariana Lie DA
YLA			THER'S NAME		15 MOTHER'S MAIDEN NA	ME	VEVAPERETO TEV
AR	0 0 / 0 //	1	P- HADIEC ME	DOLE LAST	FIRST	MIDDLE 11	CON KING TO AST
		16n W	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRES	ENNER
OR	e executory and condition		ES. HO PRHYKHOWN) A (IF YES GIVE)	(19) (15)	2/19		
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	ficate physici paper naval.		DADT DEATH WAS CALICED	one couse per line for (a), (b), one			APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
ST.,	e e e		IMMEDIATE	CAUSE (O) CARDIONES	oinston, Annest		10 min 2005
Z	oric oric		496-	DUE TO, OR AS A CONSEQUE	NCE OF		
EST	death ottend ove co tian, c	-0.71	Canditians, if any, which	(16) NEGging:	rong Insufficioney	CONSEGTIVE HEA	TFRIN WYKS
W. PRESTON ST.,			gove rise to immediate couse (0), stating the	DUE TO OR AS A CONSEQUE	NCE OF JAKUSI FICKET	Bludelle (in	144 3 MG
*			underlying cause lost		Estruction fleur		10 45
201	, v a .		PART 2. OTHER SIGNIFICANT CO	147,25	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	ITION GIVEN IN PART 1(p)
ÖS,	9: 25 d ::	N O					
Ö		CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
8	w nee n	FF		THE PARTY OF THE P		YES NOR	IN CERTIFYING CAUSES OF DEATH? YES NO N
ITA	HYSICIAN: The I ding physician. is certificate has burial-transir pe Mental Hygies ar Item 18 shows	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR		
<u>u</u>	PHYSICIAN: The ending physicic this certificate be burial-transit and Mental Hygis d or Item 18 sho		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR		
Z	HYSICIA nding p nis certif burial-I I Mental ar Item	SC.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211, LOCATION		
DIVISION OF VITAL RECORDS,	the the	MEDICAL		(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
2	DING P or offer the se as the calth and marked		AT WORK AT WORK				
	TTENDING pital or att TOR: After for use as t of Health a		22a I certify that (I) (this hospita		2/37 , 19.80		, 19 50 , that (1) (we) lost
	7 to 10 2		sow the deceased plive an abave, (I) (we) (did) (did nat)	view the body after death.	ond that in (my) (our) opinion	death occurred an the dot	e and hour and fram the causes stated
	OR A he has ported or bept.	-	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
	TAL O y the y the RAL D detec hote Di		feter C. Ss	2	ATTENDING PHYSICIAN [MEDICAL STAFF	
	HOSPITAL ned by 1th FUNERAL uld be detty 1 the Stote ORTANT:		TITO PHYSICIAN'S NAME (TYPE OR P	RINT	22e ADDRESS	1 5. Honove	in ST. BAZZ. ma
			SETTER CO	6 LETS ON	SOUTH ROLT	west CENT	
	Total Shoot	73a D			NAME OF CEMETERY OR CREMATORY		
	DD.	(5			id Ridge Cemetery	Baltimore	(o. comanyland STATE
	BP	24 FI	INERAL DIRECTORAL	inuce in juriou più	0 - 6	E REC'D. BY REGISTRAR 2	0
	DHMH - 16 50M 1/76 (VR A 15 (4))	Md	ally Funeral Ho	me. 237 E. Palan	co Ave. Balto. MdMA	R 1 1 1980	firstray Miliandy
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J 1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIEW O (5 6 2 6
	CEASED NAME PIRST	Z.	GALUS E 15. DATE OF BIRTH 1806	28. DATE OF DEATH MONTH 53 6. AGE (IN YEARS LAST BIRTHOAY)	3 80 1 SON METERS
	emale	White	MONTH 3 DAY	877X 83 YRS	MONTHS DAYS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN OUNTRY) M D	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
## 13	BMLT	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION (ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) IZB. KIND OF BUSINESS OR INDUSTRY Home
E35 130 S	STATE MO 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 131 INSIDE CITY LIMITS?	3569 Founth St	reet
3820	Frank —	MIDOLE Zembowa	15. MOTHER'S MAIDEN NA ERS Cantie	MIDDLE	Unknown
aedic C	VAS DECEASED EVER IN U.S., AR YES, NO OF UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR OATES) 219-10-47		Whelan 4850 Bon	(ity, M. 2104) rie View (ourt
event, the	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), an D BY: TE CAUSE (a)	JCHUPNEUMO.	nica	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
er troumotice	485-	DUE TO, OR AS A CONSEQUE			
or other traumatic event, the	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
څ	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES NO
- //	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
if Nem 21 is mo	sow the deceased alive an	tal) attended the deceased from	, and that in (my) (aur) apinion	death occurred on the date and ha	that (I) (we) lost our and from the causes stated
- T. H	276. SIGNATURE	MARAN	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3)2)/19 D
MPORTANI -	224 PHYSICIAN'S NAME (TYPE O	TRIMI)	SUNTA	-BAUT. U	FN. HUSP.
439.0	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		Tame of CEMETERY OF CREMATORY timone National (23d LOCATION Baltimore	COUNTY Mary STATE
-		7 -7	of Brooklyn 136. 0%	2m	



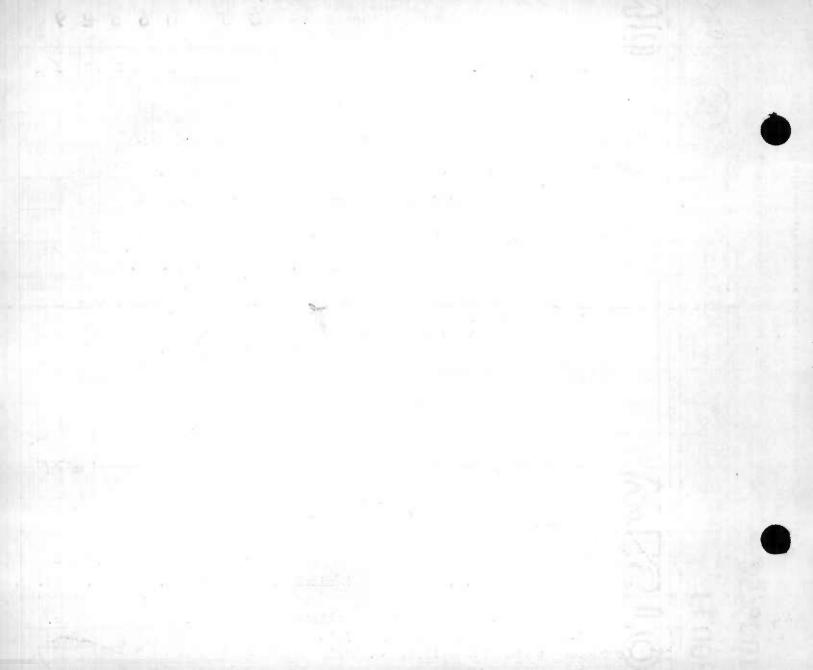
						OF MARYLAND				i art
2	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0 6	5 2	1
-		CEASED NAME FIRST		MIDDLE	· ·	AST		MONTH DAY	YEAR	2h HOUR
4 (18.91)	(TYPE	Coill Will	10 m	T.,	6-a	thart		3 21	PO	9 PM
M INI	3 SE		4 RACE		5 DATE C		6. AGE (IN YEARS LAST RIR			IF UNDER 24 HRS
age age.		Male	W	rite	MONTH 2	/3/15	64	YRS.	NTHS DAYS	HOURS
h. P. hour	7r B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	\$ MARRIE	NEVER MARRIED	BALTIMORE CITY	OR COUNTY O	FDEATH	
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after he fu vithin	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND OF	BUSINESSOR
by the led w		Balto.	Balti	more Ci	ty Ho	spital	Factory V	Norker	-	
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		Md.		Balto		YES TO NO	Balto	. City	Hosp	ital
d wit	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		IS. MOTHER'S MAIDEN NAM	WE	MI TON	LAST	
and surfec		William		Gayhart	FILE	Mabel			Ham	
e me		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	160 SOCIAL SECU		17 INFORMANT	ADDR			
e be exan and Pages		no		236-16	-7355	Allan Gayl	nart (son	3955		lair Ln
ficat ysici pers. oval.		IS CAUSE OF DEATH (Enter o		r line for (a), (b), an	d (c)	. , n.			BETWEEN O	NATE INTERVAL NSET AND DEATH
certi g ph n pa rem atic		PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (o)		Lespi	victory Arr	6 21			
ndin arbo r, or		496-	DUE TO, C	R AS A CONSEQU	ENCE OF	10-				
strending physician. After this certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then plesse remove carbon papers. Pages 1 and 2 should be filled in hard Mental Hygiene prior to burial, cremation, or removal. The medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must have been approximated to the province of the pro		Conditions, if ony, which	((b)_		(OND				
that the remover the crem		gove rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQU	ENCE OF					
res ti		underlying cause last	((c)_							7.0.0000
signe o bul	7	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	1 6		DITION GIVEN	DI A N	1
The jor t	Ĕ	. Inaniti's		to (27000	regreal Strice	- de	+0		
: The la	CERTIFICATION	190 DATE OF OPERATION	1% COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	WERE FINDING NG CAUSES (OF DEATH?
cian. cian. ficate hansit perm msit perm Hygiene	Ē	21g. ACCIDENT WAS UNDERLYING	7 216 TIME C	OF IN II IOV	-	Tale HOW IN HIEV OCCUPE	YES NO	YES [NO 🗆
DING PHYSICIAN trending physician. After this certifician is the burial-transit p th and Menial Hygist marked or Item 18		OR CONTRIBUTING CAUSE OF DE			AY YEAR	21c HOW INJURY OCCURE	(ED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2)	
PHYSIC ng physic this cert urial-tra	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		.M.	19	21f LOCATION				
NG P nding ter the sebu and N rked	MEG	216. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
NOII atter		AT WORK — AT WORK —				10 80	312	1	70	
OR ATTEN hospital or a DIRECTOR hed for use a dept. of Heal if Item 21 is		270 I certify that (I) (this hasp saw the deceased alive or	1-	he deceased from_	800	id that in (my) (our) opinion of		, 17		hot (I) (we) lost
OR ATT hospital DIRECT Med for of Dept. of		obove, (I) (we) (did) (did no	ot) view the Body	ofter death.		DEGREE	ordin decorred on the d	ore one neer c	226 DATES	
ITAL OR y the hosp RAL DIR detached tate Dept		The stoler	Pul	lebook		AA ATTENDING	MEDICAL STA	FF 🛠	3/2	1/00
TO HOSPITAL OF All etained by the hospital by the state Dept. of with the State Dept. of MPORTANT: If Item		224. PHYSICIAN'S NAME (TYPE	OR BRIDITY			PHYSICIAN [DIRECTOR PHYSI	CIAN 🖸	1 -1	
HOS HOS Id be the CRT		DONOLD	FR	the Hook	_	SALT	CITY H	Gro		
TO HOSPITAL retained by the TO FUNERAL shouldbe detach with the State D IMPORTANT: I	22.			Tea.	NAME OF S	5 N 5 T 5 N 5 N 5 N 5 N 5 N 5 N 5 N 5 N		- 1		
	730. (SURIAL, CREMATION, REMOVA SPECIFY) Cremation	3/27/			emetery or crematory nount Cremat	tory Bal	t.O.	YINUC	Mď.
617 BP			-/-/			lat aver		25k 968/5/8A	rs den la	
O I O DHMH-16 25M (VRA 15, 4) 1/79		Schimunek I	uneral			ns Lane App	1 1980	holds	yracos	7
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGSENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2n DATE OF DEATH JOSEPH" CEDROWICZ. 26 HOUR (TYPE OR PRINT) S. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MALE MARCH 10, 1910 WHITE 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE MD. U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WO INDUSTRY BALTIMORE BALTIMORE CITY HOSPITALS MD. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1107 S. CLINTON ST.#21224. MD. BALTIMORE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME SIGMUND GEDROWICZ CIAPLENSKA JULIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1107 S. CLINTON ST. (YES, NO OR UNKNOWN) LIE YES, GIVE WAR OR DATES! 218-84-9334 BALTO., 21224, MD. LILLIAN B. GEDROWICZ : APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Mrola. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? menuia NO YES [NO [sho 216. TIME OF INJURY 218 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 1tem MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 10 CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this heaping) contended the deceased from saw the deceased olive on March , and that in (my) (com) opinion death occurred on the date and hour and from the couses stated above (1) (wet (did) (did not view the body after death 226. SIGNATURE DEGREE1 22c. DATE SIGNED ATTENDING MEDICAL O FUNERAL I PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT 220 ADDRESS 23c. NAME OF CEMETERY OR CREMATORY / 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY BURIAL. HOLY ROSARY CEM. 7301 GERMAN HILL RD. BA.CO., M 991 S. CONKLING ST. 250. DATE REC'D, BY REGISTRAR 250. REGISTRAR SIGNATURE FUNERAL DIRECTO DHMH - 16 50M 7/77 (VR A 15 (4)) BALTO., 21224, MD.

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STATE OF MARYLAND



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IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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>	13a S	Maryland 13b COUI		Baltimo	re admission)	13d. INSIDE CITY LIMITS?	13e STREET AC 3228	Carlisle	Ave. 2	21216
7		THER'S NAME Willard Gi	MIDDLE bson	LAST		15. MOTHER'S MAIDEN NAME FIRST Emma Kel		WIDDLE		NST
		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 347-16-7		Lena Mae C	Gibson,	3228 Ca		1216 Ave.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE PAB R AS A CONSEQUE	NCE OF		V O	OR CONDITION G		KIMATE INTERVAL ONSET AND DEATH
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		22a I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE C	ti view the body	ofter deoth.			MEDICAL DIRECTOR	STAFF PHYSICIAND		that (I) (we) lost e couses stated E SIGNED
	23a. B	URIAL, CREMATION, REMOVAL BURIAL	23b. DAJE 3/24	/80 23c. 1	Arbu	2-00 L, 32 EMETERY OR CREMATORY Itus Mem. Pa	123d LOCAT	ION	n D	lanď ATE

DHMH - 16 50M 1/76 (VR A 15 (4))

14. FUNERAL DIRECTOR
Law Funeral Home 4611 Park Heights Ave.

250. DATE REC'D. BY REGISTRAR 25b. RESISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	
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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

1	1			FOR STATE REGISTRAR	(100 g)		AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH .	IEN U	0 6	5 3	1
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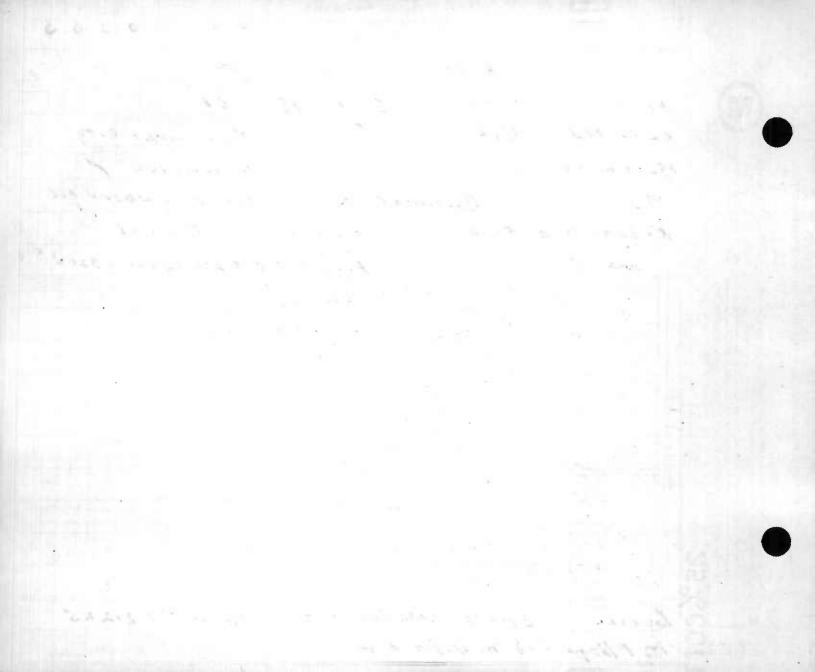
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN MONTH 2b. HOUR LIYPE OR PRINTI ESTI-1980 3 DEATH MATED SAMUEL GINSBERG 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS LAN EIGUR 2c. DATE DAY LAST BIRTHDAY PRONOUNCED male white aM , 80 AUG. 15, 1916 63 Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA DIVORCEX XX MARYLAND WIDOWED 3 AGE S FILED, 301 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS. OR INDUSTRY STHAT HOSE TAT DORESS) Baltimore 3. RETAIN PASHOULD BE FILE RECORDS, PHARMACIST DRUGS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. C-313d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN BALTIMORE 5901 DOVERDALE RD. MARYLAND YESXX NO [#21215 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND OF VIT **ABRAHAM** GINSBERG J. FANNIE MILLER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO MR. ISIDORE TINSBERG DIVISION (YES, NO, OR UNKNOWN) 209-210 KEYSER BLDG. BALTO., MD 216-16-8966 21202 18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c),
PART I DEATH WAS CAUSED BY:

Arterios clerotic cardiovascular disease BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES | NO T BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my opinian Homicide Undetermined monner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTMORE, MA ACTUAL DATE Assistant MEDICAL EXAMINER 3-4-80 SIGNATURE SIGNED Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL MAR.6,1980 MIKRO KODESH BETH ISRAEL BALTIMORE MARYLAND 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REG **DHMH - 17** SOL LEVINSONS & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 1980 VR A15 ME (5) 21215 15M 7/77

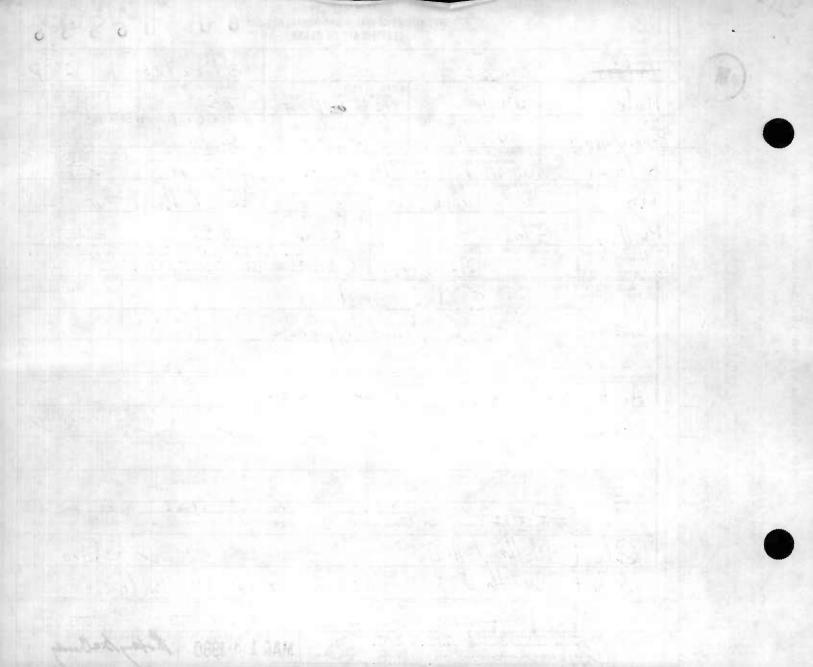
STATE OF MARYLAND

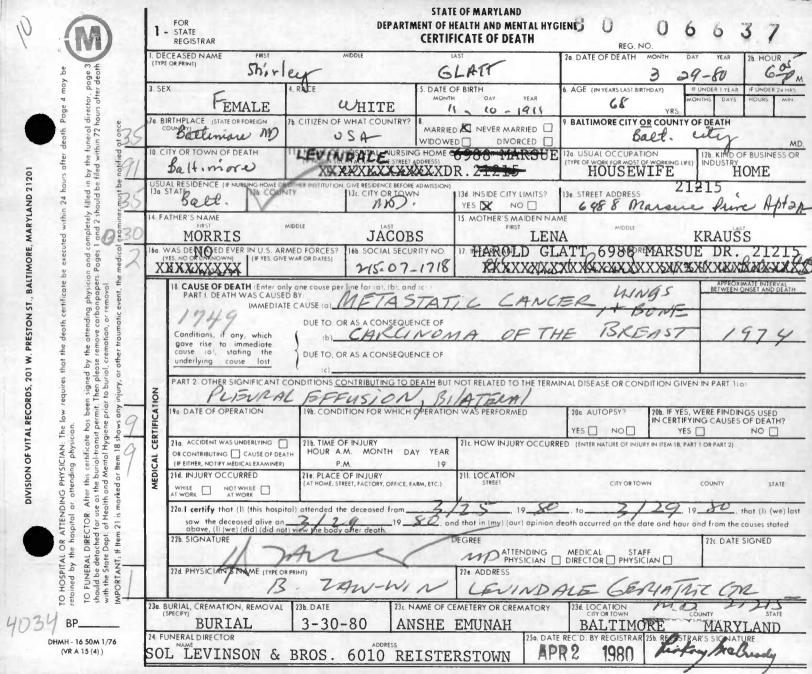
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR 1980 (TYPE OR PRINT) J. Gist Ethel 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HRS 1910 White Female TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Penna. U.S.A. Baltimore.City WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTROME HOUSEWITE THE Baltimore e City Hospitals Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ly filled should b 7730 AStengel Ave. 13d. INSIDE CITY LIMITS? Dundalk 21222 Balto. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRSTJennie MIDDLE Green Samuel Ball ADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-24-9667, MR. Rodney Gist. 9010 Brian Rd. no 18 CAUSE OF DEATH (Enter only one couse per line (a), (b), and ic PART I. DEATH WAS CAUSED BY IN Pare tion OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? buriol-tronsit per Mental Hygiene YES NO [or item 18 sho 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from _, that (I) (we) last , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 27t. DATE SIGNED ATTENDING MEDICAL ST AFF Should be deto with the Stote [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME /TYPE OR PRINT! 22e ADDRESS 3/4/80 23c NAME OF CEMETERY OF CREMATORY
Moreland Memorial 230. BURIAL, CREMATION, REMOVAL Baitimore Burial 250. DATE REC'D. BY REGISTRAR 256. BESTRAP'S 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1980 Duda-Ruck Inc. , 7922 Wise (VR A 15 (4)) Ave. 21222 MAR ?

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3 SE	1, /	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	12/ 8/04	75 YRS	MONTHS DATS HOURS MIN
		76 CITIZEN OF WHAT COUNT	RY?	BALTIMORE CITY OR COUN	TY OF DEATH
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13c	AL RESIDENCE IN NURSING HOME STATE 136 COL	INTY IBCCITY OR	OWN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	e Ave #2121
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17	Phillip (MIDDLE LAST	Ka te	XXXXX	HELLER
16a \	VAS DECEASED EVER IN U.S.	RMED FORCES? 166 SOCIAL		ALVIN GLASSRES 151	TAMALPAIS AVE.
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	underlying cause last.	Ic)			
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		nat) view the bady after death.		n death occurred on the date and h	
	Robert	W. Hand, M. S.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 12/80
	Robert	W. Hand	220 ADDRESS 22 S. G	reene St., Ba	Him ore
1		236. DATE MAR. 14, 1980	WORKMEN CIRCLE	BALTIMORE	COUNTY MARY LAND
24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS	., INC. 250. DA	ATE REC'D, BY REGISTRAR 256, P. C.	STRAR'S SCHAFURE
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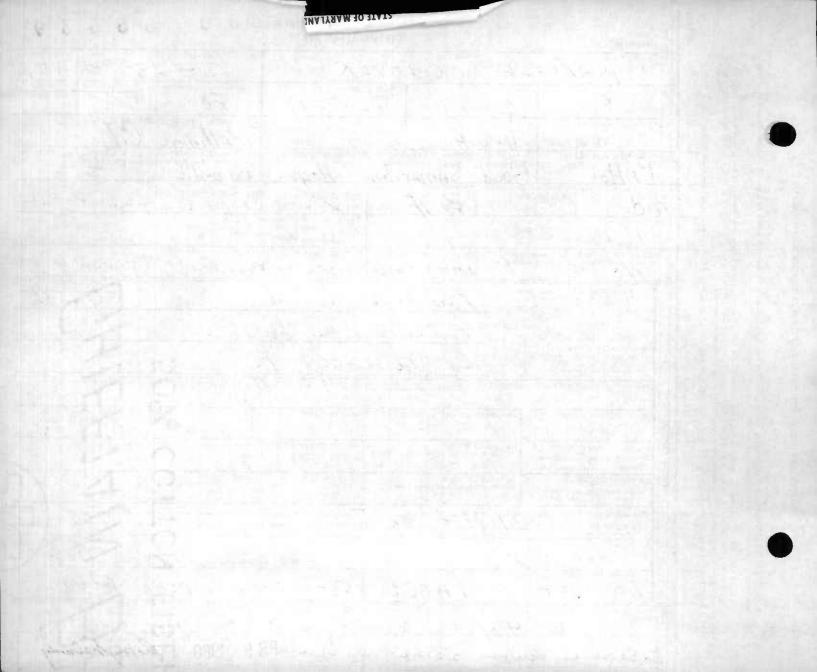


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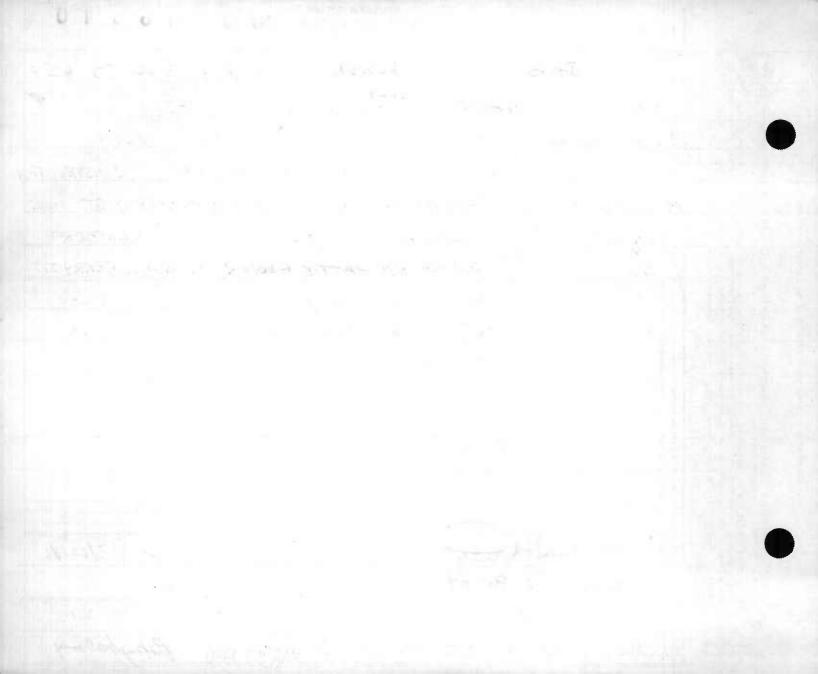
	1.	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)													
T M			STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 5												
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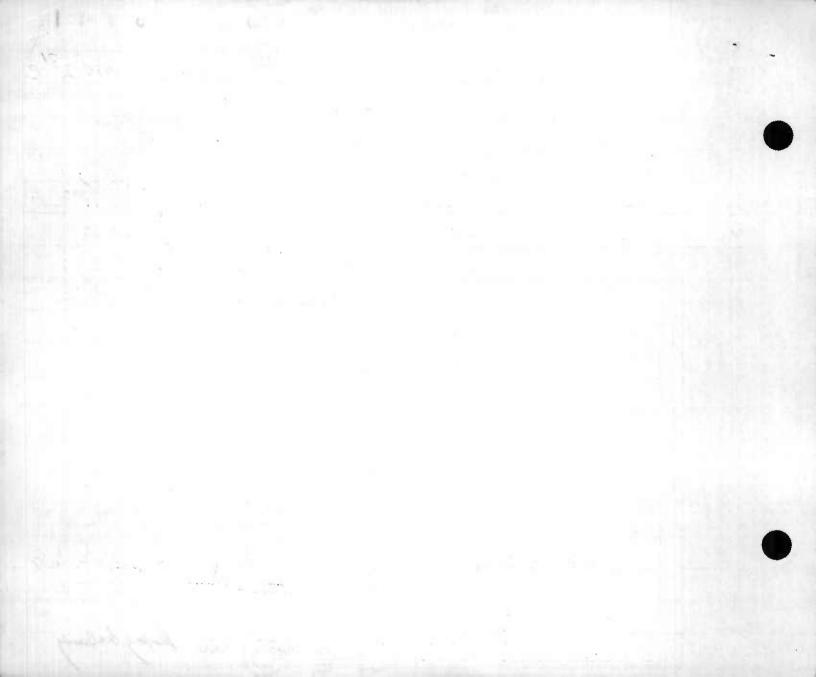
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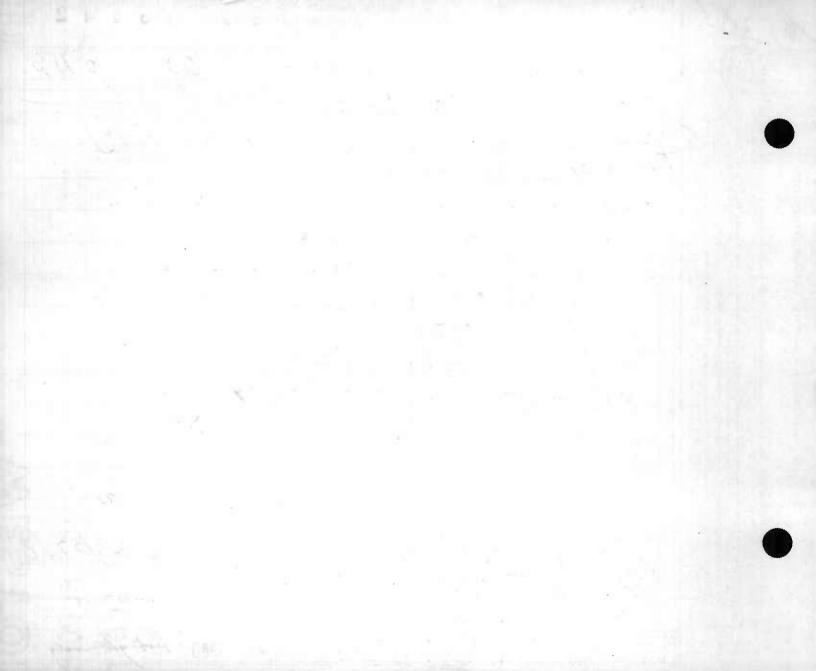
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•	tot lo	======================================		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2 226. DATE SIGNED 272. DATE SIGNED									
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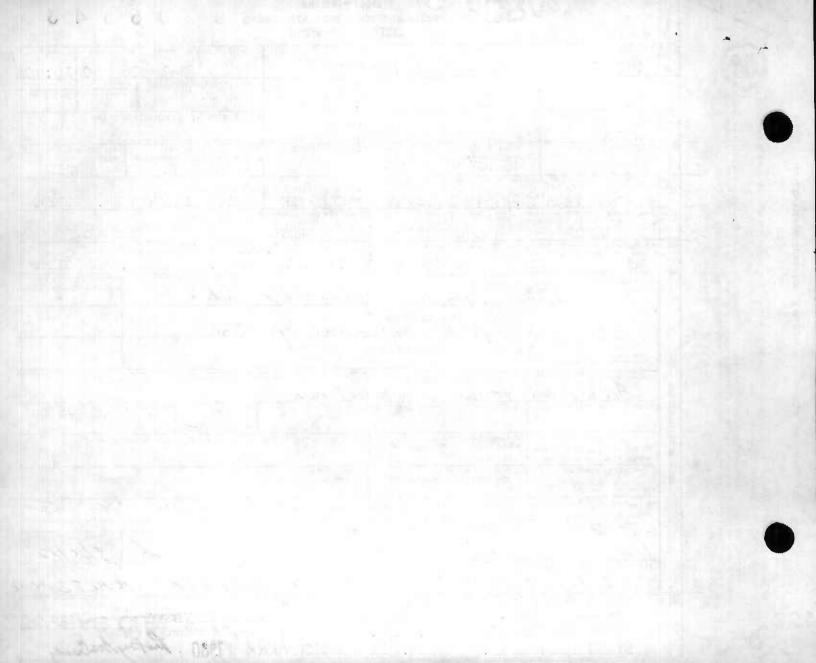


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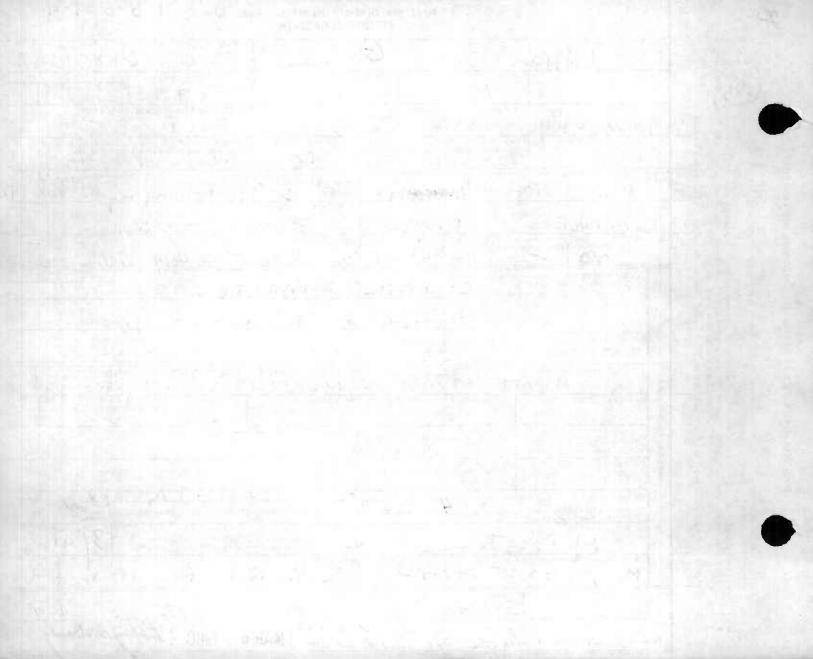








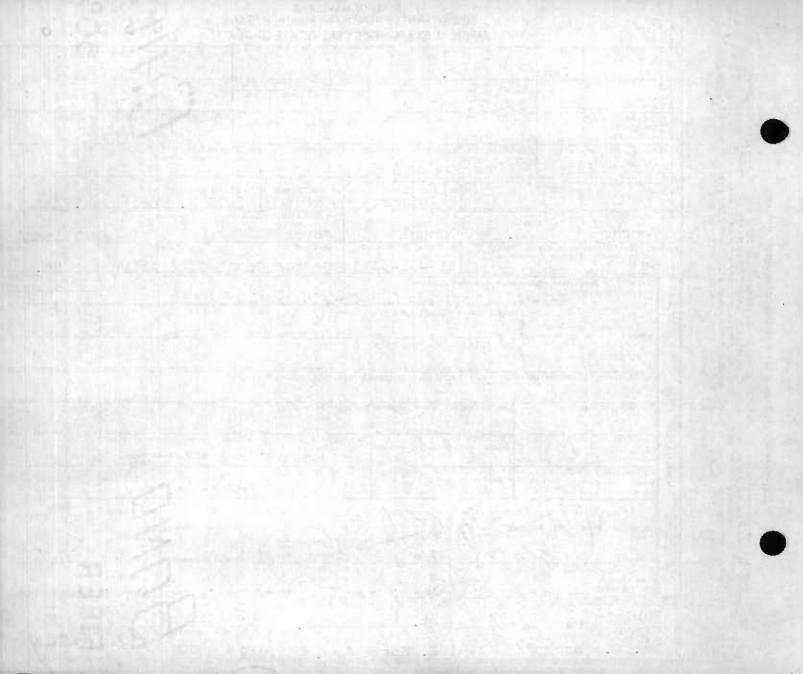
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10 a 10 a 1		M. SIGNATURE	with.		ING MEDICAL STA	AFF 22 DATE SIG	NED
		22d. PHYSICIAN'S NAME (TYPE O	05199	PHYSIC	IAN DIRECTOR PHYSI		1 0
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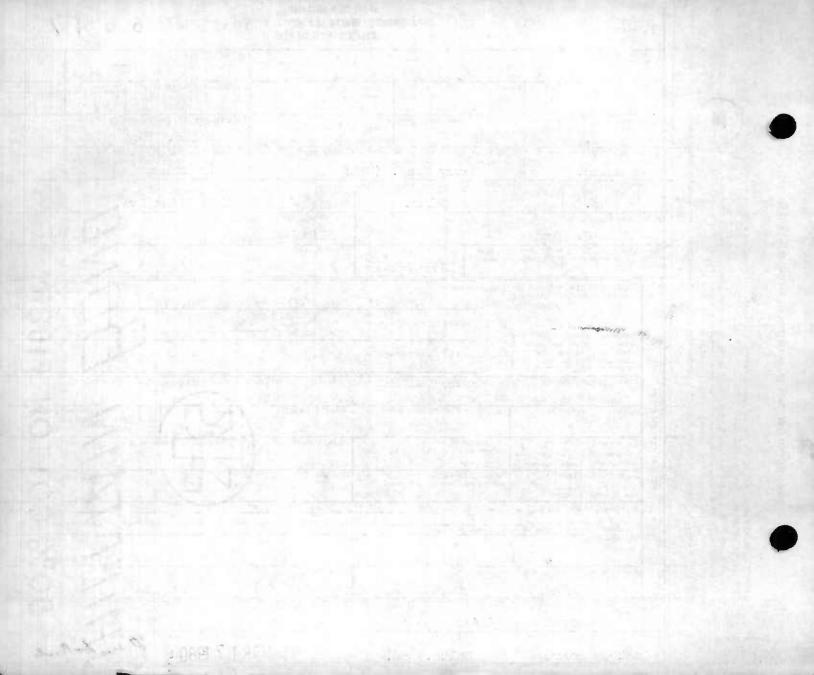
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME FIRST 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED James Gough 20 1980 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 8:25A 2c. DATE LAST BIRTHDAY PRONOUNCED Male Black 25 DEAD 12 1980 35 44 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City, MD 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore City University Hospital RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Baltimore 2025 W. North Ave. YEST NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV LAST MIDDLE LAST PAGES 1 AND DIVISION OF VI George A. Gough Joyce Williams 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FO (YES, NO, OR UNKNOWN) No 219-32-0340 George Gough 2208 Ashburton St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Traumatic injuries with complications IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES TY NO [E DEPARTMENT (PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR MEDICAL 1980 6 subject fell from third floor window CONTRIBUTING CAUSE OF DEATH 1: 00 MX 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC. WHILE NOT WHILE PAGE 2025 W. North Ave, Balto. MD home 21201 HOULD BE TO AL DIRECTOR: F e of the remains destribed above, held any Inquiry 22s. I certify that I took and in my opinion AND. Undetermined monner death resulted f TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER EXECUTE THE C EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA 3/20/80 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Baltimore 3/25/80 Auburn Cem MD 24. FUNERAL DIRECTOR D. BY REGISTRAR 1256. REGIST, AR'S SIGNATURE **DHMH - 17** Liston McCready 1101 E. North Ave. VR A15 ME (51) C. March F/H 15M 7/76

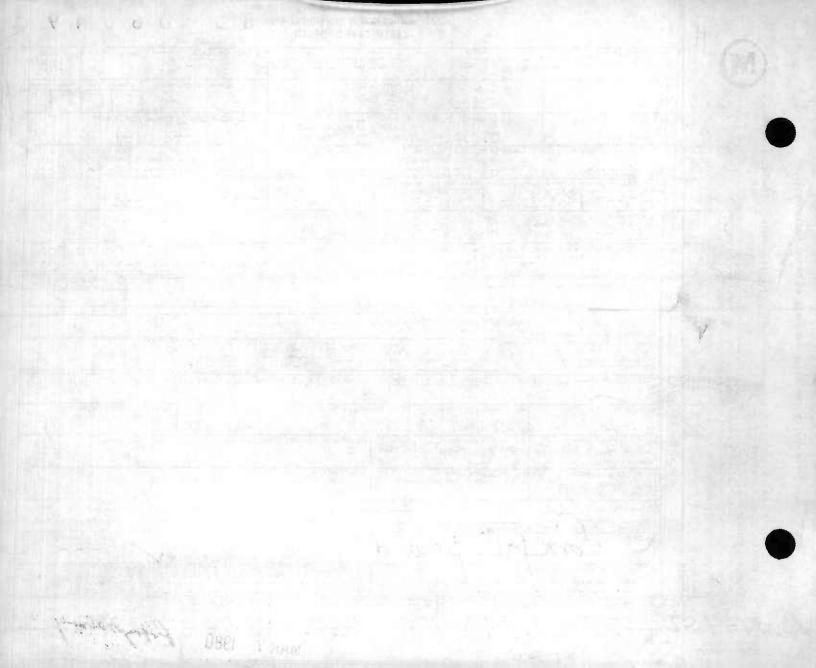
STATE OF MARYLAND



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H # 0 9 # 2		sow the deceased alive or above, (I) (we) (did) (did no	35	19 80,0	nd that in (my) (our) opinion	n death occurred on the date o	nd hour and from the causes stated
OR ATTEN hospital infection hed for u		22b. SIGNATURE	t) view the body	offer death.	DEGREE		22c DATE SIGNED
to DIR		DAIN	10 10	Jan.	ATTENDING	MEDICAL STAFF	7 3-10-80
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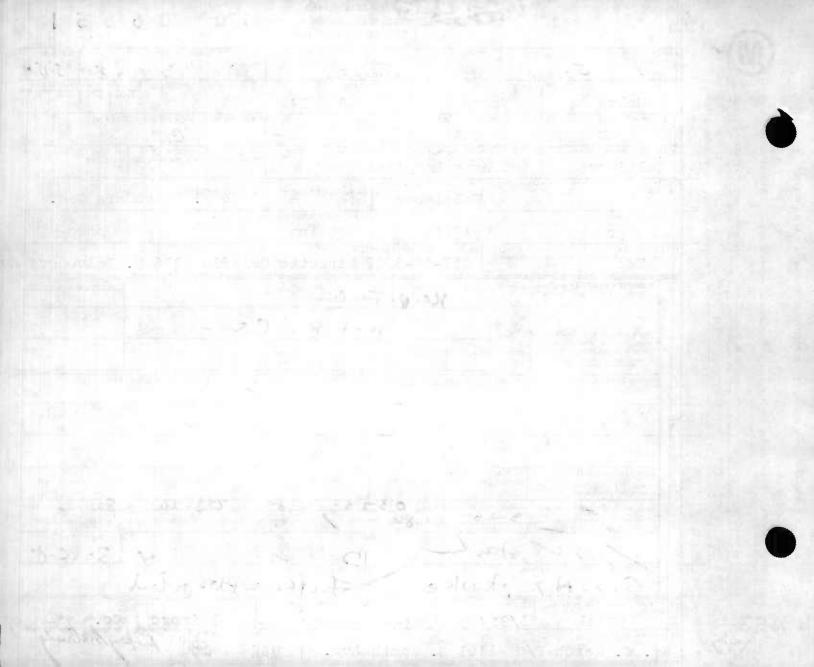


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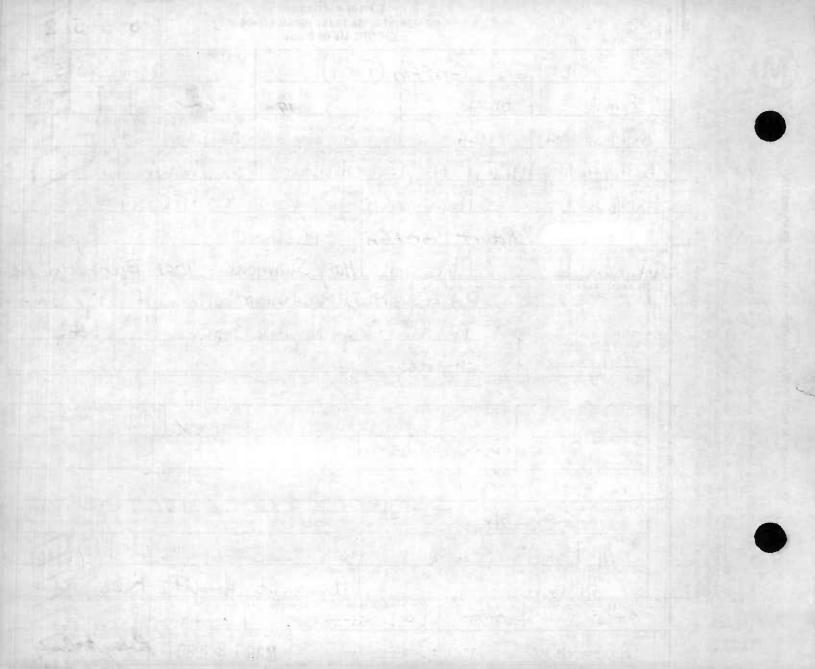


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) 80 reorge rimes 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR h' 99 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. Baltimore City WIDOWED DIVORCED TO ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OF University Hospital Baltimore Retired-Bakers Helper SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. Baltimore 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland 21230 YES XX 810 S. Eutaw St. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST John Grimes Isabel Phillips 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 579-10-5839A Mt Wilson State Hospital, Mt. Wilson, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ici DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o rome, 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH YES M YES I entol Hygie 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this happened attended the deceased from .. and that in (my) am opinion death occurred on the date and hour and from the causes stated SIGNATUR DEGREE 22c. DATA ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS should by MD 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE Burial 3/7/80 Westview Memorial Pk Catonsville Balto 8728 Liberty Rd ADD Randallstown, MD 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Lorina Ruers Funerals Directors, P.A. 21133

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR . DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Irene B. Guy 2619 80 4 RACE YEAR DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE PRONOUNCED 92 Female Black 2619 80 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland United States Baltimore City, 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY GIVE STREET ADDRESS)
1421 McCulloh Street Baltimore SHOULD BE I USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b. COUNTY Baltimore YES X 1421 McCulloh Street NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME T. PAGES 1 AND 2 LAST MIDDLE John Bel1 Henrietta welve i - - d 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FO (YES, NO. OR UNKNOWN) N/A Geraldine Bell 1421 McCulloh Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF TO BURIAL, YES NO X E 3 SHOULE E DEPARTMENT OF PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22s. I certify that I took charge of the sensitive described above, held an kutopsy TOR: GE 4 SHOULD BE TUNERAL DIRECTORY TER DEATH, WITH TALL MARYLAN Undetermined monner TITLE (SPECIFY) ACTUAL 3/27/80 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St. Thomas D. Smith'. M.D. Balto., MD. PAG TO TO 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Baltimore County Arbutus Mem. Park Burial 25g. DATE REC'D. BY REGISTRAR 25b. REGAR 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H VR A15 ME (5))

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STATE OF MARYLAND

